Reproductive Health and Disease Prevention Curriculum

2023- 2024

Broward County Public Schools

Tenth Grade

They Love Me... They Love Me Not...

TEACHER'S NOTE/PREPARATION: Download the video "Dating Abuse: Tools for Talking to Teens" from https://vimeo.com/99610424. It is also helpful to watch the video before class to ensure you can lead the discussion confidently.

Print out the resource sheet, "Love is Respect," and cut up into individual squares, enough for each student to receive one square.

TARGET GRADE: High School, Lesson 1 (all grades)

TIME: 45 Minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.912.PHC.2.3 -** Analyze how friends and peers influence the health of individuals.
- **HE.912.PHC.3.10 -** Evaluate healthy practices and behaviors that will maintain or improve health and reduce health risks, including reproductive health.
- **HE.912.CEH.4.1-** Develop a resource that influences and supports others in making positive health choices.

LEARNING OBJECTIVE:

1. Describe at least three characteristics of an unhealthy or emotionally abusive relationship.
2. Explain at least one thing a person in an unhealthy or abusive relationship can do to leave that relationship.
3. Identify their own feelings about partners' roles and responsibilities in a relationship when there is a power difference between the two.

LESSON MATERIALS:

- Desktop or laptop computer with video, "Dating Abuse: Tools for Talking to Teens" – see above
- LCD projector and screen
- White board and markers
- Worksheet: What Would You Tell Them To Do? – one copy for every three students
- Resource sheet: Love Is Respect, cut up into individual squares
- Strips of scrap paper
- Question box

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*

- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list <u>with</u> your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.
Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2**:** Say, "Everywhere around us are examples of people in romantic relationships. People in our families, people we know – celebrities, characters in tv shows and movies. We constantly get messages about what it means to be in a relationship – and then it's up to us to determine what we want and need, as well as what we're willing to put up with, since no one's perfect, and no relationship is perfect!

Some of you have already started being in relationships, and some of you haven't yet. No matter who we are or how old we are, we all hope for one thing: That our relationship is happy and healthy. We want to enjoy the time we spend with the other person. We want to care about them and know they care about us.

We also need to learn from our relationships – how to disagree respectfully and make up without holding grudges. We need to learn when and how to compromise, and when we need to dig in our heels and insist on something. Above all, we need to learn to recognize

when things we don't like in our relationship are kind of frustrating but part of an overall give and take of a healthy relationship – and when things we don't like mean our relationship is unhealthy, or even abusive. That's what we're going to talk about today."

Step 3**:** Show the video, "Dating Abuse: Tools for Talking to Teens." Stop the video right at 4:45 when the screen says, "Teens Need to Talk." Ask for general reactions to the video, then probe more deeply about what they saw by asking the following questions:

What were some of the things the teens were excited about when they first met their boyfriends? Probe for:

- He was funny; they laughed a lot
- They spent a lot of time/did a lot together
- He was cute/hot
- He made them feel good about themselves
- He was attentive – e.g., texting cute messages
- He was smart
- He was "mine" – the idea of belonging to another person
- He was thoughtful
- He was "different" – no one had ever talked to/done that for one of the teens before

What were some of the things that happened in these relationships that indicated things were changing? Probe for:

- Texting a lot and getting angry if they didn't text back
- Getting annoyed or angry if they spent time with friends and family instead of their boyfriend
- Wanting to know where they were and who they were with 24/7
- Becoming possessive – including threatened by close or best friends who were male; accusing them of cheating
- Jealous of activities or clubs they were involved in that didn't include the boyfriend
- Giving ultimatums – "choose the club or that person or me"
- Disrespecting boundaries – asking for sexy photos and the posting them on social media
- Commenting on – or even deciding on – what their girlfriend or boyfriend was wearing

In each of the relationships, the person being controlled figured it was them – they were the problem, not their boyfriend. What examples do you remember of that? Why do you think they made those concessions – like quitting the debate team, or giving him more attention, or sending naked pictures, not just sexy pictures even when they seemed like they didn't want to do it?

What happened in these relationships? Probe for:

- All the power in the relationship was taken by the abusive partner – for example, one person said they "needed his permission to do anything"
- One used threats – for example, threatening to show one girl's brother the naked photos; threatening to "out" or tell everyone that his boyfriend was gay
- One used physical violence – shaking or even slapping his girlfriend
- One boyfriend wanted to stop using condoms, even though his girlfriend was

concerned about it – then became angry with her and forced her to have sex – which is rape, even if it's someone's boyfriend or girlfriend and even if they have had sex before.

In each of the relationships, the abusive partner had power and control over his girlfriend or boyfriend. What techniques did he use to control his girlfriend or boyfriend? Probe for:

- He'd get angry – but then say how much he missed them.
- He'd apologize
- He'd promise not to do it again—"I'll change"
- He gave flowers/gifts
- He took away his boyfriend or girlfriend's sense of self-worth – e.g., "Who else would want me?" and "I felt stupid."
- He isolated his boyfriend or girlfriend from their friends and family

Say, "The most frequent question people ask of others who are in abusive relationships is, 'why did you stay so long?' or 'why didn't you break up with them sooner?' While this ends up blaming the person being abused (we should be asking the abusive person why they were abusive!), it is a very common question. What do you think some of the answers to that question are, based on what you saw in this video?" Probe for:

- It's not always so clear what's normal – what's a typical fight or typical attentiveness and what's abuse or being obsessive – especially if things were going well for a while and then started to go bad.

- Because the person being abused usually has strong feelings for the abuser before they become abusive. They may hang on to hope that the abuser will change back to the sweet person they were before the abuse started – or may even blame themselves for the abuse.

Summarize the discussion by saying, "One thing that's important to keep in mind here has to do with gender. In all of these cases, the person who was abusive was one gender, but people of all genders can be abusive, too – and it can happen in relationships where they have boyfriends and it can happen in relationships where they have girlfriends. So while the majority of reported relationship abuse cases are between a male-female couple where the guy is the abuser and the girl is being abused, a person of any gender can be in either position."

Step 4**:** Say, "Given that people who are in abusive relationships can sometimes feel confused or unsure, people in their lives – family members or friends, for example – can play really important roles in helping the abuse stop. Let's look at what some of those things are."

Divide the class into groups of 3. Distribute the worksheets, "What Would You Tell Them?" Instruct them to work together to complete the two scenarios using a separate piece of paper if they want to write anything down. Let them know they have about 8 minutes in which to do the work together."

Step 5**:** After about 8 minutes, ask the groups to stop their work. Ask for a volunteer to read scenario 1 aloud. Ask for a volunteer from another group to respond to the first question,

then solicit other responses from other groups. Do the same with scenario 2, continuing to ask for volunteers from groups who have not yet spoken. The processing of this activity will depend on what is contributed by students, but you can use the following questions as a guide to get to some key issues around power differences in both relationships:

- What was it like to do that? What was [easy, sad, frustrating – fill in their answers] about it?
- What did both scenarios have in common? [That there was a power difference in each relationship; that someone who has strong feelings for another person doesn't necessarily see when the relationship is becoming unhealthy or abusive.]
- What did you notice about the advice that was suggested for each scenario? How likely do you think it would be that Oliver or Karen would get out of their unhealthy relationships? Why?

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Say, "Whenever you see something going on in a friend's or a loved one's relationship you don't like, you have to ask yourself, 'Do I say something? Is it my place?' When it comes to an unhealthy or abusive relationship, the answer is yes – it's really important to say something to let that person know you're there for them, but without making them feel like they're stupid for being in the relationship in the first place."

Say, "As you leave, I am going to give each of you a small piece of paper. Keep it for yourselves, or share it with someone you know who you think might need it. It has a hotline and a text number for someone who thinks they're in an unhealthy or abusive relationship – and a hotline for some more information about what you can do if this were to be you, or if you wanted to help someone else." Distribute the small pieces of paper as they leave.

Step 6: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.
Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: The in-class discussion and small group work will achieve the first two learning objectives, although feelings will be identified and expressed during these activities (objective number three). The third learning objective will be fulfilled by the affective homework assignment.

Worksheet: What Would You Tell Them To Do?

Scenario – What Would You Tell Him To Do?

Oliver is 14 and Emily is 17. He has never had a girlfriend before and can't believe that someone in the 12th grade is interested in him – especially someone as popular and beautiful as Emily. His friends tell him they don't like her – they think she's really bossy and fake, but he tells them they just don't know her. She likes when he comes to her soccer games after school – at the last one, he sat with a girl he's known since they were in kindergarten and considers one of his best friends. Emily sees them and they both wave to her on the field, but she doesn't wave back.
When the game is over, she walks up to him, slaps him across the face and hisses, "Let's go!" and walks away. Oliver looks at his friend, shrugs, and runs after Emily.

1. In what ways does Emily have power over Oliver? How does she use this power?

2. If Oliver came to you for advice, what would you advise him to do? Keep in mind how he feels about Emily.

Scenario – What Would You Tell Her To Do?

Quinn and Greg are both in 10th grade and have been a couple for four months. Quinn has loved Greg in some way since they were little kids, and adults always joked they were destined to get married. Greg's father is the CEO of a major company and they have a huge home in the nicest part of town. Quinn lives with Quinn's dad, who works for the local cable company, in a one-bedroom apartment (Quinn sleeps in the living room). Quinn babysits every afternoon and weekend to make money to help pay for clothes and any social life with friends. Every- thing else goes into a college fund. Greg is intense – whatever he does, he does to the max – he goes out a lot and spends a lot of his dad's money. Everyone wants to hang out with him and he rewards people by paying for things – including Quinn. Greg wants Quinn with him all the time, and if Quinn is supposed to work babysitting, he just pays whatever Quinn would have earned that night. This is awesome for Quinn – getting the money and a social life! His parents are away a lot, and Greg has lots of parties at home when they're away. At one party, Greg calls Quinn over and asks Quinn to dance really sexy in front of his friends. Quinn whispers in his ear, "I don't do that kind of thing in front of other people." Greg smiles and says, "But baby, you work for me – and I want you to."

1. In what ways does Greg have more power in this relationship? How does he use this power?

2. If Quinn came to you for advice, what would you advise Quinn to do? Keep in mind how Quinn feels about Greg.

Resource Sheet: Love is Respect

Call 1-866-331-9474 Text loveis to 22522 www.loveisrespect.org	Call 1-866-331-9474 Text loveis to 22522 www.loveisrespect.org	Call 1-866-331-9474 Text loveis to 22522 www.loveisrespect.org
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How Well Do I Communicate With Others?

TEACHER'S NOTE/PREPARATION: Print out enough copies of the "How Well Do I Communicate?" roles and cut them into thirds. Put each role into separate piles, and from that create enough triads for the entire class (for example, if you have 24 students, you would create 8 complete sets with each having a partner one, a partner two and a judge to create one complete set). You may wish to put each set together with a paper clip for easy distribution in class.

TARGET GRADE: High School, Lesson 2 (all grades)

TIME: 45 Minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.912.CH.2.2 -** Evaluate the effect of media/social media on personal and family health.
- **HE.912.PHC.3.10 -**Evaluate healthy practices and behaviors that will maintain or improve health and reduce health risks, including reproductive health.
- **HE.912.PHC.3.1 -** Determine the value of applying a thoughtful decision-making process in health-related situations.
- **HE.912.PHC.1.1 -** Evaluate personal health practices and overall health status to include all dimensions of health.

LEARNING OBJECTIVE:

1. Describe at least two characteristics of effective communication.
2. Apply effective communication skills to a scenario relating to communicating with a partner about having a sexual relationship.

LESSON MATERIALS:

- Whiteboard and markers
- Student Handout: "How Well Do I Communicate with Others? Example One" – one per half the students in class, folded in half
- Student Handout: "How Well Do I Communicate with Others? Example Two" – one per half the students in the class, folded in half
- "How Well Do I Communicate with Others?" roles – prepared as described
- Homework: "Communication in the Media" – one per student
- Exit slips cut in half, enough for each student to have one half sheet
- Blank sheets of 8 ½ x 11 paper –one per student
- Strips of scrap paper
- Question box

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
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Make your ground rules list <u>with</u> your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.
Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Say, "Today, we are going to looking at how we communicate with other people. Have any of you ever said something to another person, and they've reacted in a surprising way – or some way that didn't make sense?" After students react, say, "A lot of times we immediately wonder, 'wow, what's wrong with them? Why didn't they get what I was saying?' Rather than blame the other person right away, we need to take a look at how we communicate, and whether we're being as clear as we think we are!"

Step 3: Ask the class to get into pairs and to make sure they have something to write with. Distribute the blank sheets of paper and say, "I'm going to distribute two things to you right

now. First, everyone should get a blank sheet of paper. Once you all have that, I'm going to give another sheet to one person in each pair. That person is going to be the 'communicator.' We will do this twice, switching roles the second time, so to start please decide now who is going to be the communicator first."

Ask the communicators to raise their hands and walk around the room with the "How Well Do I Communicate? Example One" sheets, folded in half. Say, "I am giving the communicator a sheet. Please do not show it to your partner or anyone else in the class.

We will call the other person in the pair the 'listener.' The communicator needs to sit facing the listener so that the listener cannot see what is on the piece of paper. Communicators, you may need to hold up a notebook between you and your listener. When I say 'go,' communicators are going to describe what is on the sheet of paper in front of them. Listeners, you are going to draw on the blank paper what you hear the communicators describe to try to create something that matches what they are describing. The goal is at the end to have both papers look the same.
Now, there are a few rules:"
Write the following rules on the board as you go through them:

1. Listeners cannot see what's on the communicator's sheet.
2. Communicators cannot use hand gestures or draw anything themselves.
3. You may not look at the work other pairs are doing or refer to their work.
4. Listeners can ask clarifying questions, but otherwise should not speak.

Answer any questions they may have and tell them they have about 5 minutes in which to do this. Ask them to not show the other person what's on their sheet, even once you have called time.

Step 4: After about 5 minutes, ask everyone to stop, reminding them to not show the other person either what was on their sheet or what they drew. Say, "Please place your sheets face down on the desk. Now, you're going to switch – the communicator is now the listener, and vice versa. I am going to distribute a second, different sheet to the new communicators, and the other person will now be the listeners. Please do not get started until I have said 'go.'" Have the new communicators raise their hands and go around the room distributing the "How Well Do I Communicate? Example Two" sheets folded in half to them. Once everyone has a sheet, remind them of the rules and that they have about 5 minutes and have them get started.

Step 5: As the students are working, write on the board to the right of the activity rules, "Worked Well" and then a few feet to the right, "Didn't Work Well." After about 5 minutes, ask the students to stop their work. At this point, they should turn over all four sheets to compare both drawings and originals. Give them a minute to react to these in their pairs.

Ask, "So how'd you all do?" Allow the range of responses, from "we both did great," or "I was nowhere near – but my partner did a great job!"

Say, “Think about whether your drawing matched the communicator’s descriptions. When something you drew matched, why do you think that was?” Record responses in the “Worked Well” column. Responses may include:

- The person was really clear
- The person was specific
- The person compared what was on the sheet to something else I already knew
- I spoke up and asked questions to make sure I understood
- The person didn’t get frustrated; if I didn’t get it they tried again

Then ask, “When something you drew didn’t match, or if you didn’t end up completing the drawing, why do you think that was?” Record these responses under the “Didn’t Work Well” column. Responses may include:

- The communicator got frustrated with me when I didn’t understand
- The communicator rushed me
- The communicator gave incomplete information, such as the shape but not its size or location on the page
- I didn’t ask clarifying questions because I didn’t think I could

Ask them to review the two lists and reflect on what they notice. Then say, “Both people have a role to play in communicating clearly. When we’re the one who has something in particular to say or get across, we can sometimes be so focused on that that we don’t think about the other person and how they’re hearing it. If we become impatient or angry, that can shut the other person down so they may not feel like they can ask clarifying questions – or they may just agree to end the conversation. But both people have a responsibility to be as clear as possible when talking with another person – and they both have an equal right to be heard.”

Step 6: Say, “This was just about drawing a picture – we’re going to now talk about what it’s like when two people are communicating about sex.”

Divide the class into new groups of 3. Tell them that each group is going to have three characters: Partner One, Partner Two and the Judge. Each person will have a specific task, which you will give them. Explain that partners one and two are going to communicate with each other about something relating to their sexual relationship, and that they need to reach a decision. The judge’s job is to decide how well they communicated and whether the decision they reached made sense given how they communicated. Ask the triads to please not show each other what’s on their sheets.

Ask whether there are any questions. Refer back to the lists on the board about what they found worked or didn’t work when it came to communicating during the drawing activity and to use that in their dialogues.

Then go around the room, randomly assigning people the role of partner one, partner two and judge, making sure each triad has a partner one, partner two and a judge. Once everyone has a sheet, give them about 2 minutes to read it through and think about how they want to play their role. Tell them they can make notes to themselves on their sheets, too, if they think that would help (in particular, the judge should be noting what they

observe in the interaction). Tell them they can start, and that you will stop them after about 5 minutes of discussion. Ask the judge not to express any opinions until you have said so.

Step 7: After about 5 minutes, ask the groups to stop their work. Then ask the judges to take 2 minutes to share with their partners what they thought. After 2 minutes, ask for the class' attention and process the activity using the following questions:

- What was it like to do that? What was [easy, challenging, fun, boring – add in their responses] about it?
- Partners one and two – how do you think you did? Did you feel you were clear? Was your partner clear?
- Judges – what did you think of how the partners did? Can you share an example of when the two partners were on the same page and when they weren't? Why?
- How many partners compromised and changed their minds? What caused you do that?

Say, "It's so common for people to misunderstand each other – it can happen in friendships, family relationships and between boyfriends and girlfriends. Communicating about sex carries a bit more responsibility with it – it's a big decision to make, even if one or both people have already had sex before. Each decision with a partner is a new decision – so it's important to know and communicate what you are and aren't interested in doing, and to respect where the other person is if it's different from where you are."

Distribute the homework and briefly review the assignment with the students. Then distribute the exit slips and ask them to complete them and hand them to you as they leave class.

Step 8: **QUESTION BOX:** *Give each student several strips of scrap paper.*

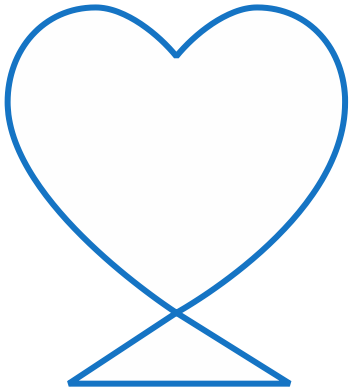
Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.
Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

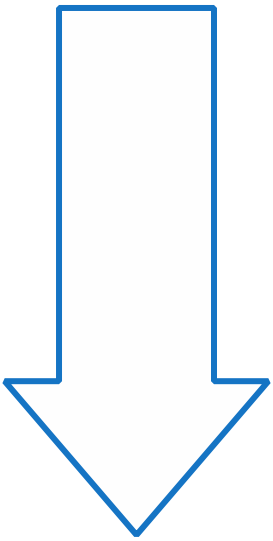
ASSESSMENT: The in-class activities all serve to fulfill the learning objective for this lesson. The homework assignment contextualizes the learning in the world around the students.

HOMEWORK: Worksheet: "Communication in the Media" – have students take note of videos or shows they watch over a week's period and note what from class they saw examples of.

How Well Do I Communicate With Others?

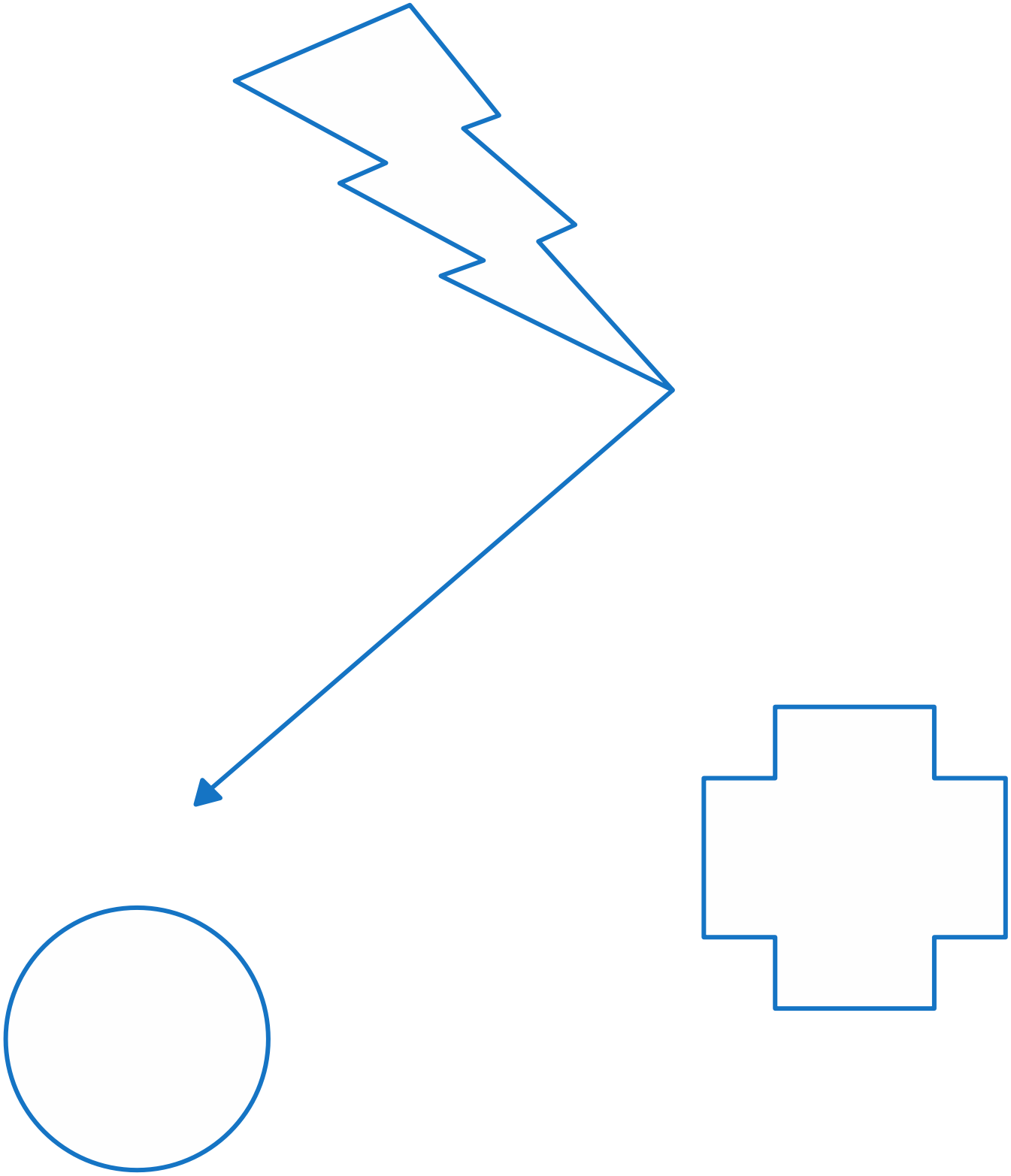
EXAMPLE ONE





How Well Do I Communicate With Others?

EXAMPLE ONE



How Well Do I Communicate With Others?

ROLES

PARTNER ONE

You really like Partner Two. You have not had sex, and you don't feel ready yet. You like the making out you've done, but you are not ready to do anything else other than kiss. You don't want to hurt your partner's feelings. You want to let them know that you really care about them, but that you aren't ready for sex. You are 100% sure that you want to wait longer before having sex.

PARTNER TWO

You really like Partner One. You have not had sex, and you really think you're ready. You like the making out you've done, but really think it's time to take it to the next step. You're sure that most of your friends have started having sex and don't see any reason to wait. You think that if partner one really cares about you they'll want to have sex. The one thing you are 100% sure about is that when you do have sex, you two will need to use latex barriers, like condoms – no matter what!

JUDGE

How did each partner do on communicating what they do and don't want to do? What could each partner have done more effectively? Do you think the decision they reached was the right one for them as a couple? Why or why not?

Exit Slip: Before you go . . .

Name: _____

What is one specific thing you think you can use from what we did today in class that will help you communicate with another person?

Exit Slip: Before you go . . .

Name: _____

What is one specific thing you think you can use from what we did today in class that will help you communicate with another person?

Homework: Communication in the Media

Name: _____ Date: _____

INSTRUCTIONS: Over the next week, as you're watching tv or shows online (or watching a movie), find two examples of couples communicating – one that you think communicated well, and one that didn't do so well. Record the examples as you see them, then answer the questions at the end.

Couple That Communicated WELL

Show/Movie name:

_____

Character(s) observed:

_____

What was the conversation about?

_____

_____

CHECK

☐ Communicated clearly	☐ Listened to the other person	☐ Compromised when something was important to the other person	☐ Didn't give in when they were feeling pressured	☐ Used ultimatums ("do this or else") to get what they wanted

Couple that DIDN'T communicate WELL

Show/Movie name:

_____

Character(s) observed:

_____

What was the conversation about?

_____

_____

CHECK

☐ Communicated clearly	☐ Listened to the other person	☐ Compromised when something was important to the other person	☐ Didn't give in when they were feeling pressured	☐ Used ultimatums ("do this or else") to get what they wanted

Questions:

1. For the couple that **DIDN'T communicate well**, what was the impact on their relationship?

_____

_____

_____

_____

_____

2. For the couple that **DIDN'T communicate well**, what would you have them do differently in order for their conversation to have been more effective or clearer?

_____

_____

_____

_____

_____

Rights, Respect, Responsibility: Don't Have Sex Without Them

TEACHER'S NOTE/PREPARATION:

- Cue up the YouTube video on consent, "2 Minutes Will Change the Way You Think About Consent," at https://www.youtube.com/watch?v=laMtr-rUEmY.
- Also cue up the trailer for Pitch Perfect 2 - The Ellen Show version (https://www.youtube.com/watch?v=KBwOYQd21TY), queuing it up to play a brief clip between 2:10 and 2:27.
- Print out the skit scenarios and cut out each pair, making sure the correct person 1 goes with the correct person 2. Determine how many pairs there will be in your class and make several copies of each scenario, enough for each pair to get one.

TARGET GRADE: Grade 10, Lesson 3

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.912.PHC.1.2** – Analyze personal strategies for prevention, detection, and treatment of communicable and chronic diseases.
- **HE.912.PHC.1.3** – Analyze the role of individual responsibility in enhancing health.
- **HE.912.PHC.2.3** – Analyze how friends and peers influence the health of individuals.
- **HE.912.PHC.2.7** – Evaluate the influence of personal values, attitudes, and beliefs about individual health practices and behaviors.
- **HE.912.PHC.3.1** – Determine the value of applying thoughtful decision making process in health-related situations.

LEARNING OBJECTIVE:

1. Define the terms "consent," "coercion" and "incapacitated."
2. Differentiate between a situation in which consent is clearly given and one in which it is not.
3. Demonstrate an understanding of how giving and getting clear consent is part of a respectful relationship.

LESSON MATERIALS:

- Strips of scrap paper
- Question box
- White board and markers
- Communication signs prepared as described
- Masking tape
- Handout: STD Communication Scenarios (prepared as described)
- LCD projector and screen
- Laptop or desktop computer with internet access
- Speakers to project sound during videos
- Worksheet: Putting it Into Practice: Getting and Giving Consent (homework) - one
- per student

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list <u>with</u> your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.
Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Start class by asking students, "What does the word 'consent' mean? What does it mean to 'give consent?'" Ask for a few students to respond, probing for the following concepts:

- It's when someone says they want to do something
- When someone gives permission to another person
- Saying "yes" to or being okay with something

Say, "This seems like a pretty straightforward idea – but it isn't always. Let's take a look at one person's attempt to figure it all out."

Step 3: Play the video, "2 Minutes Will Change the Way You Think about Consent," at https://www.youtube.com/watch?v=laMtr-rUEmY.

Ask for reactions to the video, then process using the following:

- The ConsentBot says her first attempt was "coercion." What does that mean? (Probe for getting someone to do something by threatening or forcing them). What did she

do that was coercive? Remind the students that, as the ConsentBot says, "Consent must be voluntary," which means a person has to want to give consent.

- When she goes to visit her friend, Jonathan, Jonathan is half asleep when she asks for his phone and he says yes. The ConsentBot says it's not consent because he's "incapacitated." What does that mean? (Probe for when someone doesn't have the capacity or ability to do things – or say they want to do things). Jonathan was asleep, so he would not have been completely aware of what he was saying. The same thing goes if someone were drunk or using drugs.
- What do you think of the example when she is in the library and asks the person wearing the headphones for their phone and they don't respond -- and she assumes she has consent because that person didn't say no? Ask, "Why isn't that the same as having consent?" Probe for the importance of getting a clear "yes" or "no" from someone to know for sure whether you have (or have not gotten) consent.
- Has anyone ever been in a situation where they haven't wanted to do something, but a friend has said, "It's fine, just do it." How has that felt? Why did the ConsentBot say it wasn't consent? (Probe for the fact that the middle person seemed to have felt intimidated – meaning, pressured to do it, even if he wasn't being pressured by the person asking for consent).
- What did you notice in the last exchange, which the ConsentBot finally agrees is consent? Probe for the fact that she asked – and he said yes, while also clarifying his conditions: "You can use my phone, but no texts or international calls." She clarified by asking about his phone's game center, and he responded. The ConsentBot said that this was clear consent – and it was also healthy, clear communication.

Step 4: Say, "This video was about using someone else's phone. Now, let's take a look at a brief clip that has to do with sexuality and consent." Show the excerpt from https://www.youtube.com/watch?v=KBwOYQd21TY, starting at 2:10 and ending at 2:27.

Ask, "What did you just see?" (Two people flirting at a party, miscommunication)

Ask, "When he asked her if she wanted to have sex, how did she respond?" (She said she didn't want to but then winked at him; what she said was a clear no but how she said it made him think she wanted to).

Ask, "How do you think he was feeling then?" (Confused, hopeful, worried)

Ask, "Did she give her consent to him to have sex?" (No)

Ask, "What do you think he should do next?" (Walk away, ask her again, try something to see whether she's interested).

Say, "The smartest thing he can do here is take her no as her answer. It doesn't matter how she said it, but he has to go with what she actually said. This is also a good example of how talking about consent at a party – where there's alcohol – isn't the best place or time to bring it up. What impact could alcohol or other drugs have on someone's ability to give consent? What impact could alcohol or other drugs have on a person's ability to clearly understand what someone is communicating to them? It's good to remember that anything but a clear 'yes' means no."

Step 5: Say, "We're going to take a look now at what it's like to ask for and give consent in a relationship." Break students up into pairs. Say, "I'm going to distribute a scenario to each of you, and you're going to work together to create and perform a brief skit – no more than 1 –

2 minutes – that you'll share with the class. Please don't tell the class what's on your scenario, you'll demonstrate it during the skit."

Break students into pairs. Distribute the scenarios and tell them they have about 5 minutes to figure out how they will act it out in front of the class.

Step 6: After about 5 minutes of working, check in to see whether the pairs are ready to present. Ask for a pair to volunteer to go first and have them come to the front of the room. Talk about what was presented, commenting on the clarity of consent given and received. Ask the next pair to go and continue until everyone has gone or as time allows.

(Note to the Teacher: Because more than one pair will have the same scenario, you can avoid repetition by asking whether other pairs had different takes on the same situation.)

Step 7: Ask the class to comment on what they saw in the various skits. In particular note situations in which pairs assigned roles to each other based on gender role stereotypes and emphasize that everyone has the responsibility to make sure they have consent from another person, regardless of gender.

Say, "Everyone has the right to say what they do and don't want to do in a relationship. And we all have a responsibility to listen to be clear about what we want and to listen to what the other person wants in order to have healthy, mutually respectful relationships."

Distribute and go through the homework sheet.

Step 8**: QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.
Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: The video and discussion at the beginning of the lesson will fulfill the first learning objective. The paired communication scenarios will achieve the second learning objective. The homework assignment will achieve the third learning objective.

HOMEWORK: Students will complete and hand in a log of real-life situations in which consent was given or not given, and their reactions to those situations.

Scenario A

PERSON 1

You really, really like person 2. You think they're totally hot and want to ask them out – but how? You feel like if you hold their hand they'll be more likely to say yes when you ask.

Scenario A

PERSON 2

You're interested in person 1. You don't know them very well, but you think they're kind of cute. You're also kind of shy and aren't really fond of being touched or PDA.

Scenario B

PERSON 1

You've been with person 2 for three months and haven't had sex together, but you really think it's time. You love the other person, they love you and everything you've done together up until then has been really good.

Scenario B

PERSON 2

You've been with person 1 for three months and haven't had sex together, but you really think it's time. You love the other person, and will do almost anything to keep the relationship going and make them happy. You just really are nervous about being naked and having sex. You like the way your sexual relationship is now and don't see any reason to make a change.

Scenario C

PERSON 1

You think you know what person 2 wants – that's the way your relationship has always been. You're more outgoing, they're more quiet and reserved and they expect you to take charge and make decisions. That's how it is where you're from. So you're going to let them know that tonight is the night – you're going to have sex together for the first time.

Scenario C

PERSON 2:

You can't believe you're with person 1. You know there's a nice person in there, but they're always making the decisions in the relationship. You don't really feel like you have any say, and it's easier to go along with what they want. You've been doing a lot of touching without having any type of sex (vaginal, oral or anal) and you haven't said what you do and don't want.

Scenario D

PERSON 1

You love being in a relationship with person 2! You two seem like you were made for each other – you finish each other's sentences, like the same thing, like each other's friends, and are on the same page when it comes to what you do together sexually. You want to try something you've never done before with them but figure you should talk with them about it first.

Scenario D

PERSON 2:

You love being in a relationship with person 1! You two seem like you were made for each other – you finish each other's sentences, like the same thing, like each other's friends, and are on the same page when it comes to what you do together sexually… Kind of. There are some things you've done together that you didn't really like, but you don't want to bring it up because things are going so well and you're concerned about making Person 1 upset.

Scenario E

PERSON 1

You're at a party and you see person 2, whom you've always thought was really cute. They've been drinking a little, so you go up and talk with them and see whether they might be interested in going someplace more private.

Scenario E

PERSON 2

You're at a party and you see person 1, whom you've always thought was really cute… you think, you're not sure, because you've had a few drinks already and aren't sure whether you're confusing this person with someone else… anyway… you're feeling good being at this party, that's all that matters! You want to stay at the party, so if anyone tries to get you to leave or go elsewhere at the party, you really don't want to.

Homework
Putting It Into Practice: Getting and Giving Consent

Name: _____ Date: _____

Instructions: Over the next week, please log two situations in which you were asked to give permission to someone else for something, and two situations in which you asked someone else for permission to do something. Record below how each situation went.

Situation 1: _____

_____

_____

Did you give consent? _____ How or why not? _____

What, if anything, would you have done differently?

Situation 2: _____

_____

_____

Did you give consent? _____ How or why not? _____

What, if anything, would you have done differently?

Situation 3: _____

_____

_____

Did you receive consent? _____ How or why not? _____

What, if anything, would you have done differently?

Situation 4: _____

_____

_____

Did you receive consent? _____ How or why not? _____

What, if anything, would you have done differently?

Know Your Options

TEACHER'S NOTE/PREPARATION:

TARGET GRADE: Grade 10, Lesson 4

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.912.PHC.1.2** – Analyze personal strategies for prevention, detection, and treatment of communicable and chronic diseases.
- **HE.912.PHC.1.3** – Analyze the role of individual responsibility in enhancing health.
- **HE.912.PHC.2.3** – Analyze how friends and peers influence the health of individuals.
- **HE.912.PHC.2.7** – Evaluate the influence of personal values, attitudes, and beliefs about individual health practices and behaviors.
- **HE.912.PHC.3.1** – Determine the value of applying thoughtful decision-making process in health-related situations.

LEARNING OBJECTIVE:

1. List at least three methods of effective birth control for teens.
2. Analyze at least three factors that have an impact on a teen's ability to successfully use birth control.
3. Recall at least two reasons why a teen might want to use birth control that are independent from preventing pregnancy.

LESSON MATERIALS:

- Strips of scrap paper
- Question box
- One copy of each of the six Teen Worksheets
- One copy of the Wrenches Worksheet prepared as described
- One copy of the Wrenches Worksheet – Teacher's Guide
- Copies of the Effectiveness of Family Planning Methods CDC handout – one per person
- Extra pencils in case students

LESSON STEPS:
GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
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Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
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- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.
Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Introduce the topic by saying, "Today we're going to look at contraception or birth control such as abstinence, the pill, condoms, the shot, etc. Specifically, we're going to look at what might affect a person's decision to use birth control, whether to prevent pregnancy and/or for the other reasons that have nothing to do with sex. Let's start by brainstorming why a person might want to use birth control for either sexual or non-sexual reasons."

Note to the Teacher: Create two columns on the board and write in one column all of the reasons the students suggest, making sure to include the following if students don't suggest them:

- don't want to start a pregnancy
- don't want to get an STD
- want to have shorter periods
- want to have lighter periods
- need to regulate hormones because of a health issue
- want to reduce acne
- want to have predictable periods
- want to have less cramping during periods

Ask, “To whom does most of this list apply?” Probe for “people with ovaries or a uterus” (although your students will likely say “girls” or “women”). Ask, “How do their partners come into play? What rights and responsibilities do they have?”

Ask, “Which of these could apply to people in same-sex relationships?” After a few students have responded, say, “We typically tend to think of different-sex couples as being the only ones at risk for pregnancy. But some of these concerns apply to all people regardless of their sexual orientation or gender. Please keep that mind as we go through the lesson.”

Next say, “So there are a lot of reasons why a person might choose to use contraception or birth control in addition to preventing pregnancy. Now let’s brainstorm some of the factors that might impact whether a person or a couple uses birth control.”

Note to the Teacher: Write these on the board in the other column making sure to include the following if students don’t suggest them:

- Don’t know how to talk to parents about birth control
- Don’t have enough money
- Don’t have a car/transportation to get method
- Health reasons
- Embarrassed to go to a clinic or pharmacy to get birth control
- Don’t feel comfortable touching their or their partner’s genitals to use method correctly
- Don’t know what birth control methods are available
- Unsure if partner is willing to use birth control

STEP 3: Divide students into 6 groups. Say, “We just created two lists of reasons why teens might want to use birth control and some things that might get in their way of actually doing so. Now we’re going to look at some scenarios of different teens who are considering using birth control. You will get some information about each teen and, using the information you have been given, you will then go to https://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and take the ‘Which Contraception is Right for Me?’ quiz on the website using the information you’ve been given.

Note to the Teacher: It can help to write both the website and name of quiz on the board.

Say, “You may not know the answer to every quiz question based on the information you were given, so it’s okay to guess on some answers.”

Explain that this online resource is great because of how thorough the information is and the technology is useful in figuring out which method is best depending on a person’s circumstance. Be sure to highlight, however, that while this resource targets cisgender girls and women in different-sex relationships; much of the information applies to people of all genders and orientations. Once you have completed the quiz, write down on your worksheet the top three ranked birth control methods that were recommended.” Ask if there are any questions about the directions and if not, distribute the six teen worksheets, one to each

group and ask them to move to one of the eight computer stations. Give students about five minutes to complete the task.

Step 4: Once five minutes has passed, ask the groups to stop working. Say, "Now that you have come up with the top three birth control methods recommended by this website for your teen, take a few minutes to discuss why you think those three methods were the ones most highly recommended. Write down ideas from your group below each method on your worksheet." Give students another five minutes to complete. Circulate among the groups while they are working to answer questions, asking them to consider all of the reasons why a particular method of birth control might have been recommended.

Once an additional five minutes have passed, ask the groups to stop working and to select one method and reason from their list that they will share with the entire class. Call on each group and have them share the information about their teen, one of the methods recommended for their teen and the reason why the group believes this method was recommended.

Note to the Teacher: Clear up any misinformation and provide accurate information as necessary. The Respect Yourself, Protect Yourself handout has helpful background for this discussion as needed.

Step 5: Explain by saying, "Next we will rotate papers so each group gets a new teen to look at." This time a 'wrench' will be thrown into your teen's plans to use birth control. So take a look at your teen, the methods recommended for them and the wrench or thing that could get in the way of using the methods. Then figure out how your teen could deal with that wrench in order to successfully use birth control. The ideas must be realistic for teens in your community and not a Hollywood movie ending! So now please pass your worksheet clockwise to the next group closest to you."

Note to the Teacher: You may need to help facilitate the passing of worksheets to make sure each group has a new teen worksheet to use.

Then distribute the "wrench" to each group that matches the character they have and give them five minutes to discuss and record what they would recommend.

Step 6: Call time once five minutes have passed and ask students to stop working. Ask for a few volunteers to share what their 'wrench' was and the ideas they came up with to address that factor. Use the Teacher's Guide to offer additional ideas students may not have thought of. Note to the Teacher: If time permits, have a volunteer from each group report back on their 'wrench' and ideas addressing it. While groups are reporting, make sure to affirm whether their ideas are realistic for teens in your community. Have students return to their original seats.

Step 7: Process the entire activity by asking the following discussion questions:

- What was it like to do that?
- What was (insert student responses) about it?

- Did you notice anything about the methods that were recommended most highly for the teen characters? Would you recommend other methods for your teen character different from the quiz results?
- Since most birth control is geared towards people with ovaries and a uterus, how might someone who doesn't have those body parts feel about accessing and using contraception? What role should the partner of a person who can get pregnant have?
- How could you help a friend who wanted to use birth control?

Step 8: Distribute copies of the "Effectiveness of Family Planning Methods CDC Handout" handout and remind students that it is important for everyone to know about contraception because even if they might not use it personally, they might have friends in sexual relationships with someone of a different sex, or be a partner of someone in a different-sex relationship and knowledge is power.

Step 9: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.
Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: The small group activity will accomplish the first learning objective while the initial brainstorm will accomplish the second and third learning objectives.

Teen Worksheet #1 – Marissa

Marissa is someone who always sees the best in people. She is pretty happy most of the time except for when she gets her periods. She gets really bad cramps and a super heavy period and sometimes even has to stay home from school because her period is so bad. Otherwise, Marissa loves to be carefree and spontaneous and feels that getting pregnant now would really affect her future. She's not with anyone right now and is fine with that, since she has such a great group of friends.

Instructions: Go to https://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and, representing Marissa, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods form the quiz results below.

1.

2.

3.

Teen Worksheet #2 – Chantal

Chantal has always been the most organized person in her group of friends. She never turns in her school assignments late and loves to have a full but predictable schedule. Lately, her acne has gotten really bad, so her Mom took her to the dermatologist. So far, the medicine they've tried hasn't really worked.

Instructions: Go to https://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and, representing Chantal, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods form the quiz results below.

1.

2.

3.

Teen Worksheet #3 – Louise

Louise is a huge supporter of environmental issues and is president of the high school environmental awareness club. She is a distance runner, eats only organic food and rarely takes medicine since she believes the natural approach is best. She's always been attracted to girls but recently she's been flirting with this guy that just transferred to her school. She thinks he likes her too but doesn't know where this all might lead.

Instructions: Go to https://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and, representing Louise, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods form the quiz results below.

1.

2.

3.

Teen Worksheet #4 – Aimee

Aimee has been in a steady and loving relationship for the past six months. For Aimee, going to college would be huge since she'd be the first in her family. Aimee and her partner help each other study and support each other in their respective team sports. Aimee wants to make sure she does not get pregnant until after college. She'd love to find a way to not have to deal with her periods anymore.

Instructions: Go to https://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and, representing Aimee, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods form the quiz results below.

1.

2.

3.

Teen Worksheet #5 – Marcus

Marcus is a really hard worker and in the top 10th percentile in the junior class. He is also really cute, but super shy and hasn't had a serious relationship yet. He hooked up one time and had oral sex, but got his heart broken so he's been hesitant to put himself out there again. Marcus knows there will be a big party after the home game tonight and he hopes the person he's been crushing on for a while will be there too so he can make a move. He wants to be ready just in case things go well and he hopes he doesn't chicken out from talking to them.

Instructions: Go to https://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and, representing Marcus, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods form the quiz results below.

1.

2.

3.

Teen Worksheet #4 – Ashley

Ashley has been dating Felix for almost the entire school year and they just started having vaginal sex last week. Ashley is really, really worried that her parents will find out. Even though they like Felix, they would freak out if they found out she was having sex. Ashley is the oldest of five siblings, and since both her parents work, they rely on her to help with getting the kids to and from school, their homework, meals and more. She knows that getting pregnant right now would affect everyone in her family, not just her.

Instructions: Go to https://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me and, representing Ashley, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods form the quiz results below.

1.

2.

3.

Wrenches Worksheet

WRENCH #1 – MARISSA

Doesn't feel comfortable touching her genitals

WRENCH #2 – CHANTAL

Doesn't have transportation

WRENCH #3 – LOUISE

Doesn't have any money

WRENCH #4 – AIMEE

Afraid of parents/caregivers finding out

WRENCH #5 – MARCUS

Embarrassed to go to store to buy condoms

WRENCH #6 – ASHLEY

Doesn't know what birth control methods are available or how Felix feels about using birth control.

Wrenches Worksheet: Teacher's Guide

Wrench #1 – Marissa - Doesn't feel comfortable touching her genitals

- Maybe reflect on whether discomfort might indicate she's not comfortable or feels ready to have sex with another person
- Maybe use a method that does not involve someone touching their genitals (i.e. the pill, the shot, the patch, external condom, implant, etc.)
- Maybe talk with a trusted adult about why she is uncomfortable touching herself to make sure there is no history of abuse

Wrench #2 – Chantal - Doesn't have transportation

- Maybe get a ride with a friend, partner, trusted adult, etc.
- Explore options for mass transportation and/or ride sharing
- Delaying having sex, withdrawal and condoms are much more easily available than any other method

Wrench #3 – Louise - Doesn't have any money

- Explore borrowing money or getting loan from partner, friend or caregiver
- Go to a clinic that works with clients with limited income and may provide services at no or low-cost, might have payment plan
- Ask potential partner to contribute to expense to share responsibility

Wrench #4 – Aimee - Afraid of parents/caregivers finding out

- Reflect on whether fear of parents finding out might be connected to not being sure or ready to have sex right now
- Look at methods that are not visible, such as the IUD, shot, ring and condoms, so there would not be anything for parents to find
- Find courage to talk with parents about this important issue and decision, maybe with partner or friend for support

Wrench #5 – Marcus - Embarrassed to go to store to buy condoms

- Reflect on whether fear or embarrassment means might not be comfortable or ready to have sex with another person right now
- Explore other places to get condoms including health clinics, HIV testing locations and websites that send them discretely to your home

Wrench #6 – Ashley - Doesn't know what birth control methods are available or how Felix feels about using birth control.

- Find way to approach issue with Felix before having sex (i.e. asking him how he feels about birth control, texting or emailing, etc.)
- Research methods of birth control from trusted source to educate self about available options
- Talk with trusted adult/caregiver to learn more about what's available

Effectiveness of Family Planning Methods

Most Effective

Less than 1 pregnancy per 100 women in a year

6-12 pregnancies per 100 women in a year

18 or more pregnancies per 100 women in a year

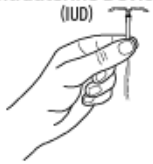
Least Effective

Reversible

Implant

0.05 %*

Intrauterine Device (IUD)



LNG - 0.2 % Copper T - 0.8 %

Permanent

Male Sterilization (Vasectomy)

0.15 %

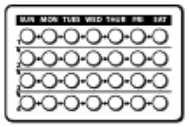
Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic)

0.5 %

Injectable

6 %

Pill



9 %

Patch

9 %

Ring

9 %

Diaphragm

12 %

Male Condom

18 %

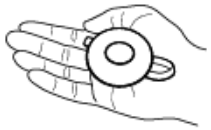
Female Condom

21 %

Withdrawal

22 %

Sponge



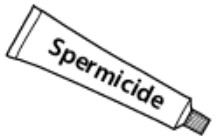
24 % parous women
12 % nulliparous women

Fertility-Awareness Based Methods

JANUARY						
1	2	3	4	5	6	7
8	9	10	X	X	X	X
X	X	X	X	X	X	X
X	23	24	25	26	27	28
29	30	31	1	2	3	4

24 %

Spermicide



28 %

* The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

How to make your method most effective

After procedure, little or nothing to do or remember.

Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.

Injectable: Get repeat injections on time.

Pills: Take a pill each day.

Patch, Ring: Keep in place, change on time.

Diaphragm: Use correctly every time you have sex.

Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex.

Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

CS 242797

CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.

Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397–404.

Let Me Tell You

TEACHER'S NOTE/PREPARATION:

- Print out the communication signs 1-6. Photocopy signs 1, 2 & 3 onto paper of one color, and signs 4, 5 & 6 onto paper of a different color. You will need to make a second copy of each sign on white paper.
- Post signs 1, 2 & 3 around the room, one on each of the side walls and one on the back wall as space allows. Post one set of signs 4, 5 & 6 around the room similarly, but away from the first set. Keep the second copy of the signs aside for use in class.
- Tear off at least 6 two-inch pieces of masking tape and attach loosely to the white board for use during the activities.
- Each of the four STD Communication Scenarios contains two parts, a role for Partner One and a role for Partner Two. Print out enough copies of the STD Communication Scenarios so that each pair of students will get one scenario. Cut each scenario in half and either clip them together with a paper clip or put each scenario into an envelope so each student pair will have a scenario containing both a Partner One and Partner Two role.

TARGET GRADE: Grade 10, Lesson 5

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.912.PHC.1.2** – Analyze personal strategies for prevention, detection, and treatment of communicable and chronic diseases.
- **HE.912.PHC.1.3** – Analyze the role of individual responsibility in enhancing health.
- **HE.912.PHC.2.3** – Analyze how friends and peers influence the health of individuals.
- **HE.912.PHC.2.7** – Evaluate the influence of personal values, attitudes, and beliefs about individual health practices and behaviors.
- **HE.912.PHC.3.1** – Determine the value of applying thoughtful decision making process in health-related situations.

LEARNING OBJECTIVE:

1. Explain the impact of having a communication style that is similar to or different from a partner on the ability to communicate about important topics.
2. Demonstrate how to communicate with a partner about STD risk and protecting their own and their partner's sexual health.
3. Demonstrate an understanding of where and how to be tested for STDs both in person and at home.

LESSON MATERIALS:

- Strips of scrap paper
- Question box
- White board and markers
- Communication signs (prepared as described)
- Masking tape

- STD Communication Scenarios, (prepared as described)

LESSON STEPS:
GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list <u>with</u> your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.
Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Say to the students, "All of us in this room are unique individuals, yet we will often find we have some things in common. We're going to start today's class by looking at what we do and don't have in common in social situations."

Say, "I'm going to ask you to think about how you feel about talking – specifically talking, not texting – when you're with a group of friends. I've placed three [say color of signs] signs

around the room. One reads, 'I'm the one who does most of the talking,' another reads, 'I like to do some of the talking, but it's a balance,' a third reads, 'I prefer to sit back and listen to everyone else talking but don't talk much myself.' Please think about which of these signs applies to you, then go up and stand beneath that sign. If you think you could fit under more than one sign depending on the circumstance, please go stand under the sign that reflects what first came to your mind." Give students a minute to decide and stand under their sign.

Say, "I'm going to give you a minute to talk among yourselves about why you chose to stand where you are standing. Then we'll have a chance to talk as a larger class about it."

Note to the Teacher: If you have only one student standing beneath a particular sign, be sure to go over to make sure they have someone to talk with.

After about a minute, stop the student conversations. Say, "Look around the room – what do you notice about our class based on how many people are standing beneath which sign?" (Possible responses may include, we have a lot of talkers in class, we have a lot of people in class who don't like to talk, etc.)

Starting with the group that has the smallest number of students standing in it, ask for a few students to explain why they chose to stand where they did. Repeat back or paraphrase what students share. Move to the second and third groups and do the same.

Say, "Now, I'm going to ask you to think about being in a romantic relationship with someone – whether it's someone you're with currently, or someone in the future if you aren't in a relationship now. Around the room you'll see signs that are [say the color of the second set of signs]. Thinking about when you're one-on-one with a partner, I'm going to ask you to think about how you talk with them or imagine you would talk with them about something important. The first sign reads, 'I like to be the one to bring things up and do most of the talking.' The second sign reads, 'I like it when it's a balance where we both talk back and forth.' The third reads, 'I don't bring stuff up. If they have something to talk about, they can bring it up.'"

Ask students again to think about how they are, one-on-one with a partner or how they think they'd be with a future partner and ask them to move to that sign. Ask them to, again, talk among themselves about why they chose to stand where they did. If there is only one student standing beneath a particular sign, be sure to walk over and stand with that student so they have someone to talk with.

After about a minute, ask the students to stop their conversations. Again, ask for a few people from each group to contribute why they chose to stand where they did.

Process, using the following questions:

- Look around the room again. What do you notice about how many people stood where?
- Was there much difference from the first set?
- Why do you think that is?

Ask three students to volunteer to take down the second set of signs and bring them to you and have everyone sit down.

Step 3: As students are returning to their seats, post the duplicate sets of signs on the board in two columns next to each other:

- Column 1:
  - I'm the one who does most of the talking
  - I like to do some of the talking, but it's a balance
  - I sit back and listen to everyone else but don't talk much myself

- Column 2:
  - I'm the one who does most of the talking
  - I like to do some of the talking, but it's a balance
  - I sit back and listen to everyone else but don't talk much myself

Say, "Take a look at the styles up here. What do you think happens in a relationship when there are two people who both like to bring things up and do most of the talking?" Probe for, "they may talk over each other and not listen."

Ask, "What about when both people feel there should be a balance?" Probe for, "they probably will have really good conversations – as long as they both are honest and proactively bring this up when they need to."

Ask, "What happens when neither person feels like they want to bring things up?" Probe for, "They probably don't talk a lot, it's probably really hard for them to have serious conversations."

Say, "A lot of times, we will be drawn toward people who are similar to us in a variety of ways – similar likes and dislikes, similar ways of communicating, like what you see here. But many times, we end up with people who are really different from us. This can have an impact on how we communicate with each other.

For example [switch card two with card three in the right-hand column], what do you think would happen between two people when one never wants to talk about anything, and the other does best when there's an equal exchange?" Probe for, "it may get frustrating for them – the one who likes to bring things up and hear from the other person can get impatient, and the other one who doesn't like to talk may feel pressured."

Say, "Regardless of how we communicate and how our partner communicates, we need to be able to do this. And it's not just talking about, 'How was your day?' There are lots of really important things relating to your sexual relationship that you need to figure out how to communicate about so you have a positive, healthy relationship. We're going to look at how to do that now."

Step 4: Divide the class into pairs. Once they are settled, say, "For the purposes of this activity, I'm going to ask you to pretend you are in a romantic and sexual relationship. Please remember our ground rules about respect; this is a totally hypothetical situation that's for the purposes of our class discussion only.

Note to the Teacher: It can help to have your class ground rules posted in a visible place for this lesson for easy reference. Also, this activity can bring up discomfort for some students, which may appear as reinforcing stereotypical gender roles within the activity and/or homophobic comments at times if two males are paired together. It can help to anticipate these reactions so you can be ready to intervene when necessary.

I'm going to come around the room and give each of you one half of the same scenario and ask you to talk about the issue that's listed. Please do not show your role to your partner, because your roles are slightly different. Communicate as you typically would, you don't have to play a role when it comes to that, just be yourselves.

I'm going to give you a few minutes to work to reach the goal listed there. You will have about 5 minutes in which to do this."

Answer any questions and have them get started.

Step 5: After about 5 minutes, ask the pairs to stop. Process using the following questions:

- What was it like to do that?
- What was [fill in students' responses] about it?
- How many pairs reached the goal of the assignment? How many didn't?
- For those who reached the goal, please describe the scenario you had and explain why you think you were able to reach the goal.
- For those who were not able to reach the goal on your assignment, please describe the scenario you had and why you think you weren't able to.
- In what way did the fact that it was about discussing STDs make it easier or harder to have these conversations or reach your assigned goal? Why?
- What do you think would have been different about the scenarios if you were having these conversations by text instead of in person? What does that tell you about texting vs. in-person conversations about tough topics?

Ask, "What does doing this tell you about communicating with a partner about STDs and sexuality in general?" Probe for:

- It takes work!
- It takes more time than you think – it's more than a quick, "Hey, we should use condoms" "Okay!"
- Our communication styles have an impact on our relationships – and the better and more clearly we communicate in our relationships – no matter what that looks like – the better they will be.

Explain the homework assignment and close the class.

Step 6**: QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.
Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: The forced choice activity at the beginning of the lesson will fulfill the first learning objective. The paired communication scenarios will achieve the second learning objective. The homework assignment will achieve the third learning objective.

HOMEWORK: Students will find one place where they can get tested in person for STDs and HIV and explain the process.

Scenario A

PARTNER ONE

You and partner two haven't yet had sex, but have been talking about it. You and your partner each have had one partner before and have used condoms. You need to talk about what you're going to do sexually and what steps you're going to take to avoid STDs (and pregnancy, if that's an issue).

Your goal: Reach agreement on what you plan to do to reduce your STD risk when you do have sex.

— —

Scenario A

PARTNER TWO

You and partner one haven't yet had sex, but have been talking about it. Your partner has only had one partner before – and although you told them that you'd only had one partner before, you actually have had four others. You just didn't want to tell them because you were worried they wouldn't want to be with you. You've never been tested for STDs but feel fine.

Your goal: Reach agreement on what you plan to do to reduce your STD risk when you do have sex.

— —

Scenario B

PARTNER ONE

You just met partner two at a party, and you are totally into each other. You are in a room away from the rest of the party and have been making out and are pretty sure you two are going to have some kind of sex. You've had oral sex before, but no other kind of sex. You definitely don't want to get an STD and you don't think you've had one.

Your goal: Reach agreement on what you plan to do to reduce your STD risk in that moment.

— —

Scenario B

PARTNER TWO

You just met partner one at a party, and you are totally into each other. You are in a room away from the rest of the party and have been making out and are pretty sure you two are going to have some kind of sex. You've had sex before, but don't like using condoms because it doesn't feel the same. You had chlamydia last year, took medicine to clear it up, and don't think STDs are a big deal. You do, however, definitely want to have sex right now with this person!

Your goal: Reach agreement on what you plan to do so you both feel okay about doing whatever you decide to do sexually and about their concerns about STDs.

Scenario C

PARTNER ONE

You and partner two have been in a relationship for about four months. You have had several different kinds of sex and have used condoms most of the time. When they went away with their family for a long weekend, you had sex with someone else and didn't use condoms. You really care about your partner – this other person means nothing to you, it just happened. But you don't know anything about the other person's STD status.

Your goal: Tell your partner about what happened and figure out what you should do about figuring out your STD risk and protecting both of you moving forward.

— —

Scenario C

PARTNER TWO

You and partner one have been in a relationship for about four months. You have had several different kinds of sex and have used condoms most of the time. You are monogamous – meaning, you only have sex with each other, no one else. Neither of you has ever had an STD – but you've also never talked about it. You think it's time for you two to stop using condoms altogether so you can really feel close to each other all the time. You really want to be with your partner, no matter what, and are committed to being in it together.

Your goal: Talk with your partner about what you think should happen in the relationship, and figure out what you should do about figuring out your STD risk and protecting both of you moving forward, especially if you plan to stop using condoms.

— —

Scenario D

PARTNER ONE

You have been on the pill for a few months because you had some issues with acne. You and partner two have been together for a while and been having sex and using condoms. Partner two is really worried and always wants to use two methods. You would prefer to stop using condoms since you are a faithful pill taker, so what's the risk?

Your goal: Stay in the relationship, but maybe stop using condoms...

— —

Scenario D

PARTNER TWO

You and partner one have been together for a while and have been having sex. You always use a condom with your partner although you know they are taking the pill too. You know someone who had gonorrhea and even though it cleared up really quickly once they took some medicine, it freaked you out. You really, really like partner one and don't want to mess things up but also want to make sure to keep doing everything you can to protect both of you.

Your goal: Stay in the relationship, no matter the cost.

Homework
STD Testing: What Are My Options?

Name: _____ Date: _____

INSTRUCTIONS: Please find one place in your community that does STD testing, and describe the process below. **NOTE: You do NOT need to actually get tested, you just need to find out what someone needs to do in order to get tested.**

Name of testing site: _____

Address: _____

How far is the clinic from home? What about from school? What are directions to get there from both? _____

_____

_____

What are the days of the week and hours the clinic is open? _____

_____

How much does it cost? _____

Do they take insurance? Yes No

Who would you bring with you to get tested? Why? _____

_____

_____

If you were to test positive (meaning, you had an STD), who would you go to for support? What would you want/need from them? _____

_____

_____

I'm the one who does most of the talking

I like to do some of the talking, but it's a balance

I sit back and listen to everyone else but don- t talk much myself

I like to be the one to bring things up and do most of the talking

I like it when it's a balance where we both talk back and forth

I don- t bring stuff up. If they have something to talk about, they can bring it up

Using Technology Respectfully and Resposibly

TEACHER'S NOTE/PREPARATION:

- Cue up the following video "Can Sexting Improve Your Relationship: https://youtu.be/bhMXI31xf0U?si=RKUS_UMd6SIofjI6.
- Go to https://www.netnanny.com/blog/teen-sexting-laws-in-your-state/ (U.S. Sexting Laws) and look up your state's laws on sexting. (If the website isn't working, you can simply tell students the consequences in Florida which are: "For the first offense, any minor caught sending, possessing or creating nude images of minors can receive a non-criminal violation, subject to a $60 fine or 8 hours of community service in addition to training or instructional classes about the dangers of sexting."

TARGET GRADE: Grade 10, Lesson 6

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.912.PHC.1.2** – Analyze personal strategies for prevention, detection, and treatment of communicable and chronic diseases.
- **HE.912.PHC.1.3** – Analyze the role of individual responsibility in enhancing health.
- **HE.912.PHC.2.3** – Analyze how friends and peers influence the health of individuals.
- **HE.912.PHC.2.7** – Evaluate the influence of personal values, attitudes, and beliefs about individual health practices and behaviors.
- **HE.912.PHC.3.1** – Determine the value of applying thoughtful decision making process in health-related situations.

LEARNING OBJECTIVE:

1. Define what sexting is. Describe two disadvantages and two reasons why someone may sext.
2. Identify at least two connections between child pornography and sexting laws.
3. Describe at least two facts relating to sexting laws in their state.
4. Explain at least two options for people involved in sexting situations.

LESSON MATERIALS:

- Strips of scrap paper
- Question box
- Desktop or laptop computer with PowerPoint on it and the video described above and website queued up
- LCD projector and screen
- PowerPoint: "U.S. Sexting Laws"
- Worksheet: "Sexting Scenarios" – one per every three students
- Extra pencils in case students don't have their own
- Homework: "Spreading the Word" – one per student

LESSON STEPS:
GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list <u>with</u> your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.
Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Start class by saying, "We're going to be talking today about how we use technology with friends, partners, and even people we don't really know. Let's start by looking at this brief video, which we'll discuss together afterwards.

STEP 3: Show the video and stop it at 4:13 when the narrator starts to talk about having a larger discussion about consent.
Process by asking the following questions:

- What do you think about sexting?
- Using both the video and some of your own thoughts, why do you think some people might sext?
- What are some of the potentially negative things about sexting?

Say, "Laws regarding sexting are different in every state – but one thing they have in common is that a naked photo of someone under the age of 18 is considered child pornography, and child pornography is illegal. But what does that mean when someone has taken their own picture and send it to someone else? What happens if the person who sent it consented, and the person who received it consented, and they didn't share it with anyone else? Is it okay then?"

Step 4: Go through the PowerPoint, "U.S. Sexting Laws." After you have completed slide 4, "The Law Takes This Really Seriously," say, "Let's take a look at the laws in our state." Put up the U.S. Sexting Laws website at https://www.netnanny.com/blog/teen-sexting-laws-in-your-state/ and click on your state. Go through what you find there. Ask students what they think of what you just shared.

Step 5: After students share their reactions, say, "Once you reach the age of 18, you are legally considered an adult and can decide for yourself what you think is right for yourself regarding sexting. If you are under 18, sexting is illegal.

Divide the class into groups of three. Distribute the scenarios relating to sexting and ask them to discuss together what they would do and then write their ideas down on the worksheet. Tell them they have about ten minutes in which to work.

Note to the Teacher: If your students would respond to movement, an alternate is to copy two sets of the scenarios so you have six total and post one set on each side of the room. Then divide your class into six groups and have three groups rotate through the scenarios on one side of the room while the other three groups do the same on the opposite side of the room.

Step 6: After about 10 minutes, ask students to stop. Have a volunteer read the first scenario aloud, and then ask that group to share what they came up with. Ask other groups whether they had anything different or anything to add. Have a different volunteer read the next scenario and then share from their group what they came up with. Again, ask other groups whether they had anything different or anything to add. Continue in this way until all three scenarios have been discussed.

Step 7: Return to the PowerPoint, moving to the last two slides, titled, "What Can You Do?" Read through the points on these slides.

Say, "This isn't easy to talk about, and you may still have questions. Please remember you can always talk with me – or, you may wish to continue this conversation at home with a parent or caregiver or any other trusted adult you feel you could speak with about this topic."

Step 8: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher

privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.

Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: Watching and discussing the video will achieve the first learning objective. Going through the PowerPoint and website information will achieve the second and third learning objectives. Completing the scenario worksheets will achieve the fourth learning objective.

Worksheet: Sexting Scenarios

SCENARIO ONE

Another student at school has started asking your friends about you. You think they're kind of cute and might be interested in something with them, but you're not quite sure. Somehow, they get your cell number and text you, "Hey." You're not expecting that, so you text back, "Who is this?" The answer you get is, "It's me," followed by a naked picture of them.

What should you do?

SCENARIO TWO

You're in a relationship with someone, and you're really into each other. Part of your relationship is to send sexy texts back and forth, talking about how attracted you are to each other. One day, your partner texts, "How about sending me something I can look at and think of you?" You don't see anything wrong with it, especially since things are so good between you. You send a naked pic with the text, "Just 4 you, k?" They text back how much they love it. The next day, three different people tell you how hot they thought your picture was.

What should you do?

SCENARIO THREE

You and your partner have been together for 3 months. You like each other's friends, you like spending time together, you're really in sync with what you do and don't like sexually. You have sexted each other a few times, both texts and sexy photos. Neither of you has shared your pictures with anyone else, and promised you never would. As the school year goes on, you meet someone you click with instantly. You're instantly hooked, and feel you need to be the one to tell your partner that it's over. Unfortunately, they find out from someone else and freak out. They go to their Instagram account, and start posting the naked photos they have of you online.

What should you do?

STD Smarts

TEACHER'S NOTE/PREPARATION: Print out enough copies of the "Exit Slips" sheet and cut them in half so that each student will have one half sheet.

TARGET GRADE: High School, All grades (Lesson 10.7)

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.912.PHC.1.2** – Analyze personal strategies for prevention, detection, and treatment of communicable and chronic diseases.
- **HE.912.PHC.1.3** – Analyze the role of individual responsibility in enhancing health.
- **HE.912.PHC.2.3** – Analyze how friends and peers influence the health of individuals.
- **HE.912.PHC.2.7** – Evaluation the influence of personal values, attitudes, and beliefs about individual health practices and behaviors.
- **HE.912.PHC.3.1** – Determine the value of applying thoughtful decision making process in health-related situations.

LEARNING OBJECTIVE:

1. Name at least three facts about STD symptoms.
2. Describe at least three facts about STD testing.
3. Apply knowledge about STD symptoms and testing to hypothetical situations relating to safer sex.
4. Distinguish between an accurate online resource about STDs and one that provides distorted, disrespectful information to youth.

LESSON MATERIALS:

- Strips of scrap paper
- Question box
- Desktop or laptop computer with PowerPoint loaded onto it
- LCD projector and screen
- PowerPoint: STD Smarts (Note: The PowerPoint must be in slideshow mode for the links to work)
- Teacher's Guide: STD Smarts – one copy
- Exit slips – one per student (prepared as described)
- Homework: "The STD Info I Need" – one per student
- Small, inexpensive prizes, enough for five students on the winning team (optional)
- A bag of chocolate miniatures, enough for the remaining students so that everyone gets something in recognition of their hard work (optional)

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list <u>with</u> your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.
Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Ask, "How many people have watched a trivia game show on tv, where people answer questions for points or for particular dollar amounts? Well, we're going to do the same now – only our topic is STDs, and you're playing for points, not money, sorry!"

Divide the class into five groups.

Note to the Teacher: You may wish to break them up intentionally to ensure a fair balance between students who may be stronger participators than others.

As they are moving to get into the groups, write "Group One, Group Two, Group Three, Group Four, Group Five" in a vertical line on the board with space between each and space to the right.

Once students are in their groups, give them 2 minutes to select a name for their group. Tell them not to put too much thought into it, and if they don't come up with something in 2 minutes, you'll just call them by their group number. After 2 minutes, write each group name on the board beneath the group number.

Step 3: Put the "STD Smarts" PowerPoint game up on the screen. Say, "Each team will select a category and have the option of answering a question. Each group needs to select a spokesperson who will speak for the group; why don't you go ahead and do that now."

Say, "If you look at the screen, you'll see there are six categories of questions. Let me explain what each means:

Which One Is Riskiest? -- will give you a group of three behaviors; you need to decide which of the three puts a person at HIGHEST risk for an STD if done with an infected partner who has an STD.

Testing, Testing – is, big surprise, all about getting tested for STDs.

Can I Be Cured? – some STDs can be cured easily with medication. Others stay in our bodies but symptoms can be treated with medication. Still others stay in our bodies for a long time but are fought off naturally by our immune systems. This category will ask you whether the STD can be cured.

What Should They Do? – This is a category that describes a situation a person or couple is experiencing, and you need to say what they should do in that situation.

I Don't Feel So Good... is all about STD symptoms.

Myth or Fact? speaks for itself.

Explain that as the point value goes up, so does the difficulty of the question! Answer any questions from the students about the rules or the categories. Then randomly select one of the teams to go first and ask that team to get started by selecting their category.

Step 4: Conduct the activity, asking "why" on questions that merit further discussion (such as the "Which One Is Riskiest?" category.) Use the Teacher's Guide to correct any misinformation or to explain an answer further. Keep score as you go along.

Step 5: Acknowledge the winning team(s) and give prizes to everyone if you have them (optional). Process the activity by asking the following questions:

- What was it like to do that?
- What was [fun, hard, interesting – add in their responses] about it?
- Of all the information we went through, did anything surprise you?

Explain that there is a lot of information out there about STDs, including how to avoid them and how to lower your risk of contracting them.

Tell them that for homework they are going to be given two websites to visit, one of which has information on it, and one of which is a video of a speaker. They will need to take a look at each and determine which they think provides accurate, reliable information and which doesn't and why.

Distribute the homework and answer any questions. Distribute exit slips and collect them from students as they leave class.

Step 6: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.

Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: The PowerPoint game is designed to achieve the first three learning objectives; the online homework assignment will accomplish the fourth.

HOMEWORK: Students will compare a medically accurate website that is written by and respectful of teens with a speaker who purports to want to help young people avoid STDs yet misleads and shames them around STDs and sexuality in general.

STD Smarts – Teacher Resource Guide

WHICH ONE IS RISKIEST IF DONE WITH A PARTNER WHO HAS AN STD?

10 Pts. Tongue kissing, using a public toilet

ANSWER: Tongue kissing

Although tongue kissing is lower risk for STDs than other intimate behaviors, of these three it's the only one that carries risk for oral herpes (and possibly syphilis if person has oral lesions of syphilis) Using a public toilet cannot transmit STDs.

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20 pts. Abstinence, dry sex

ANSWER: Dry sex

Abstinence, not having any kind of sex, carries zero risk for STDs. Dry sex, or when two people rub their bodies together, is very low risk – depending on how people do it. If they are completely clothed, there is zero risk. If they are naked, there is more risk. If they are just wearing underwear there can still be risk if the underwear moves around while they're rubbing their bodies together. So again, three low to no-risk behaviors – but of the three, dry sex has a slightly higher risk.

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30 pts. Performing oral sex on another person, receiving oral sex from another person, having penis- vagina sex with a condom

ANSWER: Performing oral sex on another person

Condoms offer extremely effective protection against most STDs. Having unprotected sex of any kind carries high risk for STDs. When it comes to oral sex, the person performing oral sex is at higher risk because their mouth is coming into contact with the other person's genitals. People can reduce their STD risk further by using flavored condoms or other barriers.

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40 pts. Having unprotected penis-vagina sex in a swimming pool, having protected oral sex

ANSWER: Having unprotected penis-vagina sex. Doesn't matter where you have it, if it's unprotected, you can be at high risk for STDs. Oral sex using a latex barrier of some kind carries much lower risk.

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50 pts. Unprotected oral sex, penis-vagina sex with a condom, unprotected anal sex

ANSWER: Unprotected anal sex. This is the highest risk behavior for STDs, including HIV, the virus that causes AIDS.

TESTING, TESTING

10 pts. TRUE OR FALSE: there is one type of test that can screen for the most common STDs

ANSWER: FALSE! It's really important when you get tested to talk with a health care provider

about what you want to be tested for. Also, when you talk with a partner about being in a sexual relationship, you need to ask that person what they've been tested for, not just "have you been tested for STDs?" A lot of people believe there is one test for all STDs, so they may not know themselves!

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20 pts. TRUE OR FALSE: Minors (age 18 and younger) must have a parent or guardian's consent to be tested for STDs

ANSWER: FALSE! You do not need parental permission to get tested for STDs. There are some other sexual health services that may need a parent or guardian's permission – so you always want to ask before going into a clinic or when you make an appointment.

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30 pts. Name two types of places where people can go to get tested for STDs

ANSWER: A doctor's office, a sexual or reproductive health clinic or the Department of Health. Some school-based health centers will do STD testing, too, and several major pharmacy store chains carry an at-home HIV test. Teen Source is an online site that has info about STD testing- http://www.teensource.org/find-a-clinic and CDC also has an online site to find info about HIV and STD testing https://gettested.cdc.gov/search_results)

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40 pts. TRUE OR FALSE: If a person thinks they might have been exposed to an STD, they should get tested within 24 hours.

ANSWER: FALSE! Different STDs can be detected in tests after different time periods after exposure to an infected partner. The most important thing is to not have sex again until you can get tested to avoid possibly transmitting an STD to the other person. It's also a good reminder to use condoms or other latex barriers for every act of oral, anal and vaginal sex!

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50 pts. People with a cervix are tested for HPV when they get pap tests; how are people with a penis tested?

ANSWER: HPV stands for the Human Papillomavirus. It can cause genital warts, or it can cause cancer of the cervix and many other types of cancer (vaginal, vulvar, anal, penile, oropharyngeal. Also can cause other types of warts depending on they type of HPV strain.) There is no HPV test for a penis – a person with a penis will only know if they have it if they notice visible warts or a sexual partner notifies them of possible exposure.

CAN I BE CURED?

10 pts. Chlamydia

ANSWER: Yes! Chlamydia is a very common STD, especially among teens and often causes no symptoms. It can be cured by taking antibiotics. If you are prescribed antibiotics, you must take them for the entire time they're prescribed, which can be for up to seven days and have any partners tested too.

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20 pts. Syphilis

ANSWER: Yes! Syphilis is cured with penicillin. It's important to get treatment as early as possible, because if left undetected, syphilis can cause damage to the body that can't be reversed.

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30 pts. HIV

ANSWER: No! HIV, the virus that causes AIDS, is a virus that stays in the body but can be treated with a combination of medicines that control the virus so that people can live otherwise healthy, typical lives. There is also medicine that people can take to try to prevent getting HIV called PrEP.

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40 pts. Gonorrhea

ANSWER: Yes! It can be cured by taking antibiotics. If you are prescribed antibiotics, you must take them for the entire time they're prescribed, which can be for up to seven days.

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50 pts. Genital Warts

ANSWER: No! Genital warts are caused by a virus called HPV. The visible warts can be treated or removed, and medication can treat the virus. In some cases, the body will naturally fight off HPV (although generally not the strains that cause visible warts), but otherwise, it cannot be cured. Many people are able to clear the HPV virus on their own over time and some are able to clear the type that causes genital warts-however many people opt to get their warts treated. The best way to prevent getting genital warts is to get the HPV vaccine prior to any sexual exposures.

WHAT SHOULD THEY DO?

A person has never had sex before. Their partner has, but only once. Do they need to use condoms?

10 pts.

ANSWER: YES! If someone has vaginal, oral or anal sex with another person, they could have been exposed to an STD.

A couple is making out and it looks like they may have sex. One partner takes out a condom and the other says, "I don't use those." What should the other partner do?

20 pts.

ANSWER: Stop making out and say, clearly, "I do – we can't have sex without them." If the other person still refuses, the partner needs to either say what they are or aren't willing to do that doesn't include oral, anal or vaginal sex – or leave.

A couple is about to have sex for the first time. They know they need to use condoms but don't want to be seen buying them in a store. What are two other places they can go to get condoms?

30 pts.

ANSWER: A doctor's office, a sexual and reproductive health clinic, the department of health, pharmacy, grocery store or ask a friend or family member. (can also get them online)

A couple is having penis-vagina sex, and the condom breaks. They don't have any more condoms with them.

40 pts.

ANSWER: They need to stop what they're doing. If they wish to continue to have sex, they need to get some additional condoms (this is why you should always have extras on hand!). They also should decide whether either or both of them should go get tested for STDs, or whether pregnancy could be a risk.

A person notices small red bumps on the outside of their genitals. They don't look like the gross slides they saw in science class at school so maybe it's a heat rash. They've had sex before and used condoms a few times.

50 pts.

ANSWER: They need to get tested for STDs. They also need to tell their partner, and they need to start using condoms every time they have any kind of sex moving forward.

I DON'T FEEL SO GOOD…

TRUE OR FALSE: One way to tell if someone has an STD is to stick earwax inside their vagina. If doing this stings, they have an STD.

10 pts.

ANSWER: FALSE! There are lots of myths out there about how you can tell whether someone has an STD. The only way to know for sure is to get tested. And please don't put earwax inside anyone's vagina.

Name three common symptoms of most STDs

20 pts.

ANSWER: No symptom, burning or itching in the genitals; burning when you urinate; small bumps or sores on or around the genitals, mouth or anus; discharge from a penis or vagina (that's different from typical vaginal discharge that's part of its normal daily cleaning process that has changed color, smell or amount and is not urine or semen).

TRUE OR FALSE: A common symptom of STDs is bruising more easily

30 pts.

ANSWER: False! The two have nothing to do with each other.

Two weeks after being infected with this virus, a person may experience a sudden, intense onset of severe flu-like symptoms

40 pts.

ANSWER: HIV. The main point of this is when you're usually sick, the symptoms start to creep up on you – you feel kind of tired, then kind of achy – and then you get sick. These symptoms appear suddenly and intensely, and go away just as suddenly. (Now, for those of you who start getting a cold anytime soon and think you have HIV – please remember, you can only get HIV from having sexual contact with someone who has it!).

What is the MOST common symptom of an STD?

50 pts.

ANSWER: No symptom. People often see pictures of genitals with bumps and sores on them and think that's what an STD looks like. Often, there are no symptoms – and sometimes the symptoms are inside the body and you just don't see them. Since you can't tell by looking at someone, it's best to use condoms and other latex barriers every time you have oral, anal or vaginal sex.

MYTH OR FACT?

Basketball player Magic Johnson, previously diagnosed with HIV, no longer has the virus

10 pts.

ANSWER: Myth! Magic Johnson is lucky to have had the resources and access to get very good HIV medication early on in his diagnosis, and he continues to stick with his medication. This means the amount of virus is very, very low – so low that it doesn't come up on tests.
This doesn't mean he no longer has the virus – it means he's doing a great job of controlling it and needs to keep doing what he's doing to always keep it this low.

Once a person has genital warts removed, they can no longer give the virus to someone else

20 pts.

ANSWER: Myth! The warts are symptoms of the HPV virus. The virus is still in the body, and new warts can develop later. Warts do not need to be visible to pass HPV on to another person. This is why using latex condoms and other barriers with every act of oral, anal or vaginal sex is so important. People can get the HPV vaccine starting at age 9 which protects from the most common strains of HPV that cause warts and cancer.

If a person gets chlamydia, takes the entire course of antibiotics and is cured, they cannot get chlamydia again

30 pts.

ANSWER: Myth! Antibiotics cure that "round" of a particular infection. Someone can get chlamydia (or gonorrhea or syphilis), be cured of it and then get it again if they have unprotected sex with someone who has any of those infections.

There is currently a vaccine available for two STDs

40 pts.

ANSWER: Fact! One vaccine protects against several strains of HPV that can cause cervical cancer (it can be taken by someone of any gender, even if they don't have a cervix) and one inoculates against Hepatitis B.

A baby born to an HIV+ person will always be HIV+

50 pts.

ANSWER: Myth! Someone who is pregnant and has HIV can pass HIV onto their fetus during pregnancy or childbirth, or to their baby during breastfeeding. But taking certain medications while pregnant can significantly reduce the risk of transmitting HIV to a fetus.

Exit Slip – Before You Go…

Name: _____

What are two things you learned about STDs from today's class?

1.

2.

Exit Slip – Before You Go…

Name: _____

What are two things you learned about STDs from today's class?

1.

2.

Homework: The STD Information I Need

Name: _____

INSTRUCTIONS: Visit each of the following websites by copying and pasting the web address listed below. One site provides accurate information that respects teens, and the other tries to scare and shame teens out of doing anything sexual with another person until they're married. Then answer the questions follow.

Example One: Sex, Etc.

http://sexetc.org/sex-ed/info-center/stories/?pageNum=1&topic%5B%5D=stories-hiv-aids- stds

Questions:

1. How did you know this was a website that respects teens?

2. How could you tell the information was reliable and factual?

3. Is this a website you'd go back to for more information? Why or why not?

Example Two: Pam Stenzel; Sex Still Has A Price Tag

https://www.youtube.com/watch?v=5HYvH6gsBEM&index=3&list=PL4331AC42029EB47C (you can stop at 7:32)

Questions:

1. How do you know this speaker doesn't respect teens?

2. How do you feel about how she addresses boys vs. girls?

3. What is something she says in the video that makes you wonder whether she is telling the truth?

Sexually Transmitted Infections

TEACHER'S NOTE/PREPARATION: This lesson uses the terms sexually transmitted infections (STIs), blood- borne infections (BBIs) and sexually transmitted and blood-borne infections (STBBIs) as needed.

Learning about STIs and BBIs helps students take care of their own bodies, thereby reducing the risk of STIs and BBIs and preventing possible health problems related to having an STI or BBI.

One of the greatest deterrents to the practice of safer sex is the "It won't happen to me" mindset. However, the risk of infection is very real. Statistics show that rates of chlamydia cases reported in people ages 13-19, as well as gonorrhea and syphilis levels, are also very high in this age group.

STI education has often focused on trying to scare students. Research shows this technique does not work. STIs are often seen as shameful and a "consequence" for sexual activity, especially for teens. This shame prevents many people from accessing testing and treatment and is a major contributor to the high rates of STIs among young people.

A more effective strategy is to encourage everyone who is sexually active to access at least yearly testing, and treatment as needed, as a regular part of routine healthcare. All students should discuss with their parents how they can appropriately access this kind of care.

Guidelines for STI testing include the following times to get tested:

- You have a new sexual partner before you start having sex
- If you have noticed any bumps, discharge, rashes or other symptoms
- If you or your partners are having sex with other people
- If you had sex with someone who has an STI and didn't use a condom or other prevention methods
- If you had sex without a condom with someone who doesn't know if they have an STI (because they haven't gotten tested in a long time)
- If you had sex with a condom and the condom broke

STI has replaced the term STD (sexually transmitted disease). In medical science, infection is the term used to indicate that a bacteria, virus, parasite or other microbe has entered the body and begun to multiply. The term disease indicates that signs and symptoms of illness are present. There are many people with STIs who have no symptoms, therefore, STI is a more accurate term.

TARGET GRADE: High School All Grades

TIME: 45 Minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.912.PHC.1.2** – Analyze personal strategies for prevention, detection, and treatment of communicable and chronic diseases.

- **HE.912.PHC.3.1** – Determine the value of applying thoughtful decision-making process in health-related situations.
- **HE.912.PHC.1.3** – Analyze the role of individual responsibility in enhancing health.
- **HE.912.PHC.2.3** – Analyze how friends and peers influence the health of individuals.

LEARNING OBJECTIVE:

1. Describe symptoms, effects, treatments, and prevention for common sexually transmitted diseases; i.e., chlamydia, HPV, herpes, gonorrhea, hepatitis B/C, HIV
2. Examine the relationship between choices and resulting consequences
3. Analyze the impact of positive and changing choices on health throughout the lifespan
4. Develop strategies to effectively access health information and health services in the community; e.g. health hotline, family doctor, public health unit
5. Describe and provide examples of ethical behavior in relationships

LESSON MATERIALS:

- HANDOUT and ANSWER KEY: STI Chart
- Handout STI Health Information Sheets
- STI Quiz
- Strips of scrap paper
- Question box

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list <u>with</u> your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***

- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.
Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: **Defining STBBIs**
Note to teacher: These discussion questions help students define STBBIs and provide a rationale for learning about them through class discussion.
With the class, discuss answers to the following questions. Discussion notes are provided.

What is an STI?
- STIs are infections spread primarily by close sexual contact and sexual intercourse. Sexual contact means any intimate skin-to-skin contact of the genital area. This includes touching or oral, vaginal, or anal sexual activity with partners of any gender.

What are some STIs you have heard of?
- List student suggestions on the board.
- Show the STI Tool and compare the student suggestions to the eight common infections shown on the tool.

What are BBIs?
- Blood-borne infections are passed from one person to another through an exchange of blood and other body fluids.
- Examples include HIV, hepatitis B, and hepatitis C

STIs can be viral, bacterial, or parasitic. What do those words mean?
- **Viral*:*** If a virus causes an infection, it is possible for the person to remain 'asymptomatic' for periods of time (meaning there are no symptoms). It is possible to have the virus and not know it. Passing the virus to another person without either person knowing it is possible. Viral STIs can be treated but are more difficult to cure. Some viral STIs are not curable at this time.
  - Viral STIs include human papillomavirus (HPV or genital warts) and genital herpes.
  - HIV, hepatitis B, and hepatitis C are viral blood-borne infections.

- **Bacterial***:* If bacteria cause an infection, it can be treated and cured with antibiotic medication. STIs that are bacterial include gonorrhea, chlamydia, and syphilis.

- **Parasitic**: If a parasite causes an infection, it can be treated and cured with medication. Parasitic STIs include pubic lice (crabs), scabies and trichomoniasis

Why is it important to learn about STIs and BBIs?

- It helps a person be able to take care of their own body.

- It helps a person to discuss STIs with a partner.

- Some STIs and BBIs can be prevented through immunization (HPV, Hep B) or medication (PrEP for HIV)

- Regular testing and treatment can eliminate or minimize the health problems caused by an STI/BBI.

- Untreated STBBIs can cause problems for a person's health and future ability to have children.

- BBIs and some untreated STIs can be passed to unborn children or babies during pregnancy or childbirth, although with testing and treatment this can be prevented

When you hear the words STI or STBBI, what do you think?

- Encourage students to share feelings and reactions.

- Common student responses may be that these words are “disgusting,” or that it makes them think about death. Other responses may include embarrassment or shame. If students express ideas of shame or stigma, it can help to talk about what causes these feelings. Stigma and shame are rooted in fear, and often provide a false sense of protection, that only ‘other’ people get STIs. In reality, anyone having sex can get an STI, and there is nothing to be ashamed of. They can be tested for and treated. Talking about STIs is part of good healthy sexual relationships and consent.

How do HIV and hepatitis B and C differ from other STIs?

- HIV and hepatitis B and C are blood-borne infections.

- HIV and hepatitis B can also be transmitted by exchanging body fluids such as semen and vaginal secretions. HIV can also be transmitted through breast milk.

- BBIs can be transmitted through sex, sharing drugs, tattooing or piercing equipment that has traces of infected blood, or to a baby during pregnancy or birth. Hepatitis B and C can also be transmitted by sharing razors, nail clippers, or toothbrushes with someone who has hep B or C.

- Individuals cannot become infected with BBIs through ordinary day-to-day contact such as kissing, hugging, shaking hands or sharing food or water.

- Transmitting hepatitis C through sex is rare, however, it can occur if infected blood is present (such as during menstruation). The presence of HIV also increases the risk of transmitting hepatitis C through sex.

- There is a lot of fear and misinformation about BBIs, especially HIV. This is because when it was first discovered, many people were dying of AIDS. However, now, there is really good treatment for HIV, and people can live long healthy lives. There is also great preventative medication, called PrEP.

- There is also excellent treatment for Hep C now, and it's possible to "clear" the virus and cure it. Most people are immunized against hepatitis B. Both of these viruses are now fairly uncommon.

If you want to find out about STBBIs, what sources can provide accurate information?

- Family doctors, clinics (e.g., Sexual and Reproductive Health Clinic or STI Clinic) or community health centers

- Teachers, counselors, or school nurse

- Fact sheets from a reliable source (Health Services/Agency)

Teacher note: Remind students to always speak to their parent/caregiver/guardian if they think they may have an STI, BBI or need to been tested.

Step 3: **Studying STBBIs**

Students describe symptoms, effects, testing, treatment and prevention for common STIs/BBIs.

Teacher Note: Before the lesson, print several copies of STI Heath Information Sheet for these infections:

- Chlamydia
- Genital herpes
- Gonorrhea
- Syphilis
- HIV
- HPV

- Give each student their own copy of the **STI/BBI Chart** handout.

- Divide the class into small groups. Assign each group a specific infection by giving each group a different **Health Information Sheet**.

- Ask each group to complete the appropriate section in the STBBI Chart using the information on the **STI Health Information Sheet**. You may wish to

provide expectations such as "Fill in 1-2 bullet points in every box" as the Health Information Sheets contain a great deal of information.

- Have groups share their findings with other groups, while students fill in all sections of the chart. You can ask groups to present their findings to the entire class or use a jigsaw approach.
- Teacher Note: Use the **STBBI Chart Answer Key** to ensure students have the correct information in their charts. The answer key is very detailed, with more information than most students will have filled in, to give you a more complete background for each infection. You do not need to expect students to provide this level of detail.

Step 4: Debrief this activity using the following questions: Ensure these bullet points are shared with students.

What are some symptoms of STIs?

- Point out that many people with STIs have no symptoms.

How would you know if you had an STI?

- If you have no symptoms, regular testing is the only way to know.
- If you have symptoms, a test will confirm which STI you have.

What does a person with an STI look like?

- Stress that anyone can get an STI. You can't tell if someone has an STI by looking at them.

Prevention is key. What are the best ways to prevent STIs?

- Abstinence
- Using condoms (internal or external) and dental dams correctly
- Using condoms/dental dams every time there is sexual touching, vaginal, oral or anal sex or use of sex toys
- Limiting the number of sexual partners
- Having open and honest communication with every partner about STI history and testing
- Not having sex if there are any symptoms present (e.g., sores, unusual discharge)
- Regular STI testing (annually or as recommended by a doctor)
- Vaccination for HPV and hepatitis B
- Using Pre-Exposure Prophylaxis (PrEP) to help prevent HIV in people who have a very high risk of getting the virus

What ethical responsibilities does a person have to their sexual partner(s) regarding STIs?

- Open and honest communication about their STI history and test results
- Not having sex /sexual activity if there are any symptoms present or you think you are infected
- Discussing with partners the ways of reducing the risk, such as using condoms and dental dams every time there is sexual touching, vaginal, oral or anal sex

or use of sex toys
- Sharing a known exposure to STIs before sexual activity is part of getting consent for sexual activity. A person cannot consent to sexual activity with someone if they do not know about that person's STI.
- Getting tested with your new partner
- Knowing your status by getting tested regularly if you are engaging in sexual activity

Step 5: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.
Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: STI QUIZ

STI Quiz

1. STI stands for:
    - Small Talk International
    - Sexually Transmitted Disease
    - Subaru Testing Internal
    - Sexually Transmitted Infection

2. Many people who have an STI have no symptoms.
    - True
    - False

3. Ways to reduce the chance of getting an STI include:
    - Using condoms/dental dams
    - Abstinence
    - HIV PrEP
    - HPV immunization

4. Herpes cannot be cured, but there are good treatments for the symptoms.
    - True
    - False

5. STI testing is very painful.
    - True
    - False

6. Sexually active people should get tested for STIs regularly.
    - True
    - False

7. If you have an STI and don't tell your partner, that is fair. It is only your business.
    - True
    - False

8. STIs among teenagers are really pretty rare.
    - True
    - False
    - Unsure
    - Nobody Knows

9. In Broward, parents need to be notified if their child is treated for an STI.
    - True
    - False
    - Unsure
    - Nobody Knows

ANSWER KEY: STI Quiz

Correct answers are in bold text.

1. STI stands for:
    - Small Talk International
    - Sexually Transmitted Disease
    - Subaru Testing Internal
    - **Sexually Transmitted Infection**

    STI has replaced the older term Sexually Transmitted Disease (STD). In medical science, infection is the term used to indicate a bacteria, virus, parasite or other microbe has entered the body and begun to multiply. The term disease indicates that signs and symptoms of illness are present. As many people with STIs have no symptoms, STI is a more accurate term.

2. Many people who have an STI have no symptoms.
    - **True**
    - False

    Some people have symptoms, but many don't. That is why regular testing is important for people who are sexually active.

3. Ways to reduce the chance of getting an STI include:
    - **Using condoms/dental dams**
    - **Abstinence**
    - **HIV PrEP**
    - **HPV immunization**

    All of these are effective strategies for reducing transmission and preventing STIs.

4. Herpes cannot be cured, but there are good treatments for the symptoms.
    - **True**
    - False

    Currently, there is no medical cure for herpes. Treatment is available for the symptoms and to reduce the likelihood of passing the virus on to others.

5. STI testing is very painful.
    - True
    - **False**

    STI tests often involve a urine sample (pee in a cup), a throat swab (like a Covid test) or a blood test. They are quick and usually painless. Some tests can be taken home to do in private.

6. Sexually active people should get tested for STIs regularly.
    - **True**
    - False

    Yearly testing is recommended for all sexually active people, and more often for some people. See the background information section for detailed recommendations on when a person should go for STI testing.

7. If you have an STI and don't tell your partner, that is fair. It is only your business.
    - True
    - **False**

    We each have the responsibility to be honest with our partners. If you know or suspect you have an STI, it's important to tell your partner. People cannot fully consent to sex if they don't know their partner has an STI.

8. STIs among teenagers are really pretty rare.
    - True
    - **False**
    - Unsure
    - Nobody Knows

    Thousands of teenagers have STIs. It doesn't matter what age you are; STIs can infect a person of any age.

9. In Broward, parents need to be notified if their child is treated for an STI.
    - True
    - **False**
    - Unsure
    - Nobody Knows

    At the Sexual and Reproductive Health Clinics and STI Clinics, parents are NOT notified if their child is being treated for an STI as long as there are no concerns for the child's safety. However, it is always best to talk with your parents, even about a difficult subject such as an STI.

STI Chart

Transmission and Symptoms

Using the information provided on the health information sheets, fill in the chart below.

Infection	Bacteria or Virus?	Transmission	Symptoms/Effects
Chlamydia			
Gonorrhea			

Infection	Bacteria or Virus?	Transmission	Symptoms/Effects
HPV			
Genital Herpes			
HIV			

Infection	Bacteria or Virus?	Transmission	Symptoms/Effects
Syphillis			

STI Chart

Prevention, Testing and Treatment

Infection	Prevention	Testing	Treatment
Chlamydia			
Gonorrhea			

Infection	Prevention	Testing	Treatment
HPV			
Genital Herpes			
HIV			

Infection	Bacteria or Virus?	Transmission	Symptoms/Effects
Syphillis			

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STI CHART TEACHER ANSWER KEY

Infection	Bacteria or Virus?	Transmission	Symptoms/Effects
The majority of STIs are asymptomatic. There are often no symptoms!			
Chlamydia	Bacteria	• Vaginal, anal, or oral sex with a person who has Chlamydia without using a condom and/or a dental dam	• Pain or burning when peeing • Discharge, bleeding or itching from the bum • Redness and/or discharge from one or both eyes • Watery or milky discharge from penis • Unusual discharge from the vagina • Pain or swelling of the testicles • Irritation or itching inside the penis • Vaginal bleeding/spotting between periods • Vaginal bleeding or pain during or after sex • Lower abdominal pain • If untreated, could lead to pelvic inflammatory disease, pain and swelling of the testicles, urinary tract problems, tubal pregnancy, fertility issues and/or arthritis
Gonorrhea	Bacteria	• Vaginal, oral or anal sex with a person who has gonorrhea without using a condom and/or a dental dam.	• Pain or burning when peeing • Swelling, itching, or pain in the genital area • Discharge, bleeding, or itching from the bum • Redness and/or discharge from one or both eyes • Unusual vaginal discharge • Irregular vaginal bleeding (often after sex) • Pain in the lower abdomen or pain during sex • Green or yellow discharge from the penis • Irritation or itching inside the penis Painful or swollen testicles • If left untreated, could lead to pain and swelling of the testicles, urinary tract problems, pelvic inflammatory disease, tubal pregnancy, and/or fertility issues

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HPV	Virus	Through intimate skin-to-skin contact with a person who has HPV	• Some strains of HPV cause genital warts; some strains cause cancer in the mouth, throat, anus, penis or cervix • Many people with HPV do not have symptoms • Some people get warts • Warts can show as tiny bumps or in clustered growths on the skin (may look like small cauliflower-like bumps) • Warts can be found in and around the genital area, including in the vagina • Warts may feel itchy or irritated
Genital Herpes	Virus	• Herpes simplex virus is spread through intimate skin-to-skin contact and oral, vaginal or anal sex • It can be transmitted by people who have oral or genital herpes but don't have sores at the time of contact • Cold sores are a form of the herpes virus. If a cold sore comes into contact with someone's genitals (oral sex) there is a risk for genital herpes.	• Some people have mild or no symptoms and don't know that they are infected • One or more painful blisters in or around the genitals, or wherever there is skin-to-skin contact (rectum, mouth) • Feeling unwell (e.g., flu-like symptoms such as chills, fever or muscle aches) • Tingling or itching of the skin around the genitals • Burning when urinating • Unusual discharge from vagina or penis • The first outbreak is the most painful. Repeat outbreaks tend to be shorter and less severe than the first outbreak.

HIV	Virus	• Infected semen, vaginal secretions, rectal fluid or breastmilk that gets into the blood stream through:
		  • vaginal, anal, oral sex without a condom and/or dental dam
		  • sharing sex toys
		  • sharing needles used for tattooing, drugs, piercings
		• Pregnancy – the infection can be passed to a baby through childbirth or breastfeeding
			• People with HIV often have no symptoms and look and feel fine.
			• Some people with HIV will have flu-like symptoms when they first get infected (e.g., fatigue, fever, sore throat, swollen glands loss of appetite, night sweats etc.)
			• HIV can lead to a condition called AIDS, after the virus has damaged the immune system. With access to treatment, most people living with HIV never develop AIDS.

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Syphilis	Bacteria	• By having direct contact with a syphilis sore • Oral, vaginal, anal sex with infected partner • Mother to fetus	• Symptoms are the same for both males and females. However many people have no symptoms • Painless sore(s) (chanchre) from pinpoint size to as large as a quarter • Flu-like symptoms, fever, fatigue, pain in the joints and muscles • Painless rash on hands, feet or whole body • Swollen lymph nodes • Hair loss • Untreated may result in headache, dizziness, changes in personality, dementia

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Answer Key

Infection	Prevention	Testing	Treatment
Chlamydia	• Abstinence • Choose not to have oral, vaginal or anal sex • Choose safer sex practices with lower risk • Use condoms and/or dental dams for oral, vaginal, and anal sex. • Limit the number of sexual partners • Regular testing • Discuss STI history and when you were last tested with your partner(s) • Don't have sexual contact if you or your partner(s) have symptoms of an STI or may have been exposed to an STI	• Urine sample or swab of the penis, rectum, vagina or throat	• Antibiotic
Gonorrhea	• Abstinence • Choose not to have oral, vaginal or anal sex • Choose safer sex practices with lower risk • Use condoms and/or dental dams for oral, vaginal, and anal sex. • Limit the number of sexual partners • Regular testing • Discuss STI history and when you were last tested with your partner(s) • Don't have sexual contact if you or your partner(s) have symptoms of an STI or may have been exposed to an STI	• Urine sample or swab of the penis, rectum, vagina or throat	• Antibiotic

T

Infection	Prevention	Testing	Treatment
HPV	• Abstinence • Choose not to have oral, vaginal or anal sex • Choose safer sex practices with lower risk • Using condoms can lower risk, but can't completely prevent HPV because they don't cover all the skin around the genitals • Tell your partner(s) if you have genital warts so you can make choices together to lower the risk of passing the virus • Avoid intimate skin-to-skin contact where the warts are until warts are treated • Get immunized! Ask your health care provider about the HPV vaccine	• Visual exam if warts are present • Regular PAP tests (cervical cancer screening)	• Warts can be treated by health care provider with freezing • Can apply prescription liquids or creams to the wart
Genital Herpes	• Abstinence • Choose not to have oral, vaginal or anal sex • Choose safer sex practices with lower risk • Tell your partner(s) if you have herpes or cold sores so you can make choices together to lower the risk of passing the virus. • Use condoms and/or dental dams between outbreaks to lower the risk of passing the virus – the virus can be transmitted even when symptoms aren't present • Avoid sexual contact while sores are present (during an 'outbreak')	• When sores are present, they can be swabbed to test for the herpes virus	• No cure • Medicine may help shorten or prevent outbreaks

T

Infection	Prevention	Testing	Treatment
HIV	• Abstinence • Choose not to have oral, vaginal or anal sex • Choose safer sex practices with lower risk • Use condoms for vaginal and anal sex • Use a condom or dental dam for oral sex • Use lubrication to help avoid injury to body tissues • Use condoms on sex toys or avoid sharing them. • Don't share needles or equipment for injecting drugs • Be sure that the instruments for tattoos and body piercing have been sterilized • Pre-Exposure Prophylaxis (PrEP) helps prevent HIV in people who have a very high risk of getting the virus	• Blood test – the most accurate results will be 3 months after a potential exposure	• Anti-retroviral drugs cannot cure HIV but can help people with HIV live long, healthy lives. Treatment also makes it so that people with HIV who are on treatment are less likely to pass the virus to others.
Syphilis	• Abstinence • Abstain from sexual activity until treatment is completed. • Choose not to have oral, vaginal or anal sex • Choose safer sex practices with lower risk • Use condoms and/or dental dams for oral, vaginal, and anal sex. • Limit the number of sexual partners • Regular testing • Discuss STI history and when you were last tested with your partner(s) • Don't have sexual contact if you or your partner(s) have symptoms of an STI or may have been exposed to an STI	• Blood test	• Antibiotic

Chlamydia

Chlamydia is a sexually transmitted infection (STI) caused by a bacteria (*Chlamydia trachomatis*).

How do I get chlamydia?

Chlamydia is passed between people through unprotected sexual contact (oral, vaginal, or anal sex without a condom or other barrier method). You can infect others right after you come in contact with chlamydia. You can spread it to others without knowing it.

How can I prevent chlamydia?

When you're sexually active, the best way to prevent chlamydia is to use condoms or other barrier method, for oral, vaginal, and anal sex.

Don't have any sexual contact if you or your partner(s) have symptoms of an STI or may have been exposed to an STI. See a doctor or go to an STI clinic for testing.

Get STI testing every 3 to 6 months if you have:

- a new partner
- more than one partner
- anonymous partners
- any symptoms

How do I know I have chlamydia?

Most people with chlamydia don't have symptoms. The infection can be in the rectum, penis, cervix, throat, and the eye. If you have chlamydia, you may have:

- pain or burning when you urinate (pee)
- discharge, bleeding, or itching from the rectum
- redness or discharge from one or both eyes
- unusual vaginal discharge
- irregular bleeding (often after sex)
- pain in the abdomen, low back, or during sex
- watery or milky discharge from the penis
- irritation or itching inside the penis
- painful or swollen testicles

The best way to find out if you have chlamydia is to get tested. Your nurse or doctor can test you by taking a swab or doing a urine test.

Is chlamydia harmful?

If not treated, chlamydia can cause serious long-term effects including infertility and arthritis. Other effects include:

- pelvic inflammatory disease (PID)
- a higher risk of having a tubal pregnancy.
- pain/swelling in the testicles (epididymo-orchitis)
- urinary tract problems

These effects can be prevented if you get **early STI testing and treatment**.

What if I'm pregnant?

If not treated, chlamydia can cause early delivery or rupture of membranes. If you aren't treated and you have a vaginal delivery, chlamydia can cause serious eye and lung infections for the baby. Get tested and treated before delivery to prevent these problems.

How is chlamydia treated?

Chlamydia is treated with antibiotics. Your partner(s) also needs to be tested and treated, even if there are no symptoms.

You can get re-infected if you have unprotected sex with someone before they are treated.

When can I have sex again?

It will take 1 week for the antibiotic to get rid of the infection. Don't have unprotected sex (oral, vaginal, or anal sex without a condom or other barrier method) for **7 days** after you and your partner(s) have been treated. The best protection is not to have sex (oral, vaginal, or anal) for at least 7 days.

If you still have symptoms, don't have any sexual contact.

What if I still have symptoms following treatment?

Please contact your healthcare provider.

Where can I find more information?

If you have questions, need to find a clinic near you, or want more information, call 211 anytime, day or night, to talk to someone who can provide you with additional information.

Genital herpes

Genital herpes is a sexually transmitted infection caused by 2 types of viruses. The viruses are called herpes simplex type 1 (HSV 1) and herpes simplex type 2 (HSV 2).

Both viruses cause sores on the lips (cold sores) and sores on the genitals. HSV 1 causes cold sores on the mouth more often, but it's common for both types of the virus to cause genital sores.

How do I get genital herpes?

HSV is spread through intimate skin-to-skin contact and oral, vaginal, or anal sex. It can be spread by people who have oral or genital herpes but don't have sores at the time of contact.

How do I know I have genital herpes?

Symptoms of genital herpes can range from mild to severe, they can include:

- small blister-like sores can develop in the genital area
- feeling very unwell
- burning in the vaginal area
- a change in vaginal discharge
- burning when you pee
- clear discharge from your penis

The first outbreak is often the most painful. Sores may take weeks to heal. Future outbreaks are often milder. Some people may have mild or no symptoms and not even know they have genital herpes.

You need to see a doctor or nurse to diagnose genital herpes. If you have sores, a swab will be taken and sent to the lab for testing.

What if I'm pregnant?

If you're pregnant (or planning a pregnancy), talk to your doctor if you or your partner has herpes. Most people can still have vaginal deliveries. But, if you have an outbreak at the time of delivery, you may need a C-section.

How is genital herpes treated?

There is no cure for genital herpes. It can be treated with prescribed medicine to help decrease symptoms and shorten outbreaks.

What can I do during an outbreak?

Keep the area clean and dry. Use a clean towel and lightly dab the area dry after bathing. If it hurts to pee, pour water over the genitals while peeing. It also helps to pee in the shower or tub. Don't put creams or lotions on the sores as it can cause them to spread and get irritated.

How can I prevent spreading genital herpes to others?

Tell your partner(s) that you have genital herpes so you can make choices to lower the risk of spreading the virus. Don't have sexual contact (oral, vaginal, or anal) while you have sores or if you have any symptoms that may appear before sores, like tingling, itching, and pain.

Use condoms and dental dams between outbreaks to lower the risk of spreading the virus. Condoms don't cover all of the skin that may be exposed to genital herpes during sexual contact.

The virus can be spread even if you don't have symptoms. This is called **asymptomatic viral shedding**.

Daily medicine can be prescribed by a doctor if you have frequent outbreaks. Taking daily medicine and using condoms and dental dams may help lower the chances of spreading genital herpes to an uninfected partner.

Where can I find more information?

If you have questions, need to find a clinic near you, or want more information, call 211 anytime, day or night, to talk to someone who can provide you with additional information.

Gonorrhea

Gonorrhea is a sexually transmitted infection (STI) caused by a bacteria (*Neisseria gonorrhoeae*).

How do I get gonorrhea?

Gonorrhea is passed between people through unprotected sexual contact (oral, vaginal, or anal sex without a condom or other barrier method). You can infect others right after you come in contact with gonorrhea. You can spread it to others without knowing it.

How do I prevent gonorrhea?

When you're sexually active, the best way to prevent gonorrhea is to use condoms or other barrier method for oral, vaginal, and anal sex.

Don't have any sexual contact if you or your partner(s) have symptoms of an STI or may have been exposed to an STI. See a doctor or go to an STI clinic for testing.

Get STI testing every 3 to 6 months if you have:

- a new partner
- more than one partner
- anonymous partners
- any symptoms

How do I know if I have gonorrhea?

Up to 4 in 10 people with gonorrhea don't have symptoms. The infection can be in the rectum, penis, cervix, throat, and the eye. If you have gonorrhea, you may have:

- pain or burning when you urinate (pee)
- unusual vaginal discharge
- green or yellow discharge from the penis
- irritation or itching inside the penis

Other symptoms include:

- irregular bleeding (often after sex)
- pain in the abdomen or pain during sex
- painful or swollen testicles
- discharge, bleeding, or itching from the rectum
- redness or discharge from one or both eyes
- swelling, itching, or pain in the genital area

The best way to find out if you have gonorrhea is to get tested. Your nurse or doctor can test you by taking a swab or doing a urine test.

Is gonorrhea harmful?

If not treated, gonorrhea can cause **serious** long-term effects including infertility and arthritis.

Other effects include:

- pelvic inflammatory disease (PID)
- a higher risk of having a tubal pregnancy
- pain/swelling in the testicles (epididymo-orchitis)
- urinary tract problems

These effects can be prevented if you get **early STI testing and treatment.**

What if I'm pregnant?

If not treated, gonorrhea can cause early delivery or rupture of membranes. If you are pregnant, aren't treated, and have a vaginal delivery, gonorrhea can cause serious eye, blood, and joint infections for the baby. Get tested and treated **before** delivery to prevent problems.

How is gonorrhea treated?

Gonorrhea is treated with antibiotics. Your partner(s) needs to be tested and treated, even if there are no symptoms. You can get re-infected if you have unprotected sex with someone before they are treated.

When can I have sex again?

It will take 1 week for the antibiotic to get rid of the infection. Don't have unprotected sex (oral, vaginal, or anal sex without a condom or other barrier method) for **7 days** after you and your partner(s) have been treated. The best protection is **not** to have sex (oral, vaginal, or anal) for at least 7 days.

If you still have symptoms, don't have any sexual contact.

What if I still have symptoms following treatment?

Please contact your healthcare provider.

Where can I find more information?

If you have questions, need to find a clinic near you, or want more information, call 211 anytime, day or night, to talk to someone who can provide you with additional information.

What is HIV? What is AIDS?

HIV (human immunodeficiency virus) is a virus that attacks the immune system, the body's natural defence system. Without a strong immune system, the body has trouble fighting off disease. Both the virus and the infection it causes are called HIV.

White blood cells are an important part of the immune system. HIV infects and destroys certain white blood cells called CD4+ cells. If too many CD4+ cells are destroyed, the body can no longer defend itself against infection.

The last stage of HIV infection is AIDS (acquired immunodeficiency syndrome). People with AIDS have a low number of CD4+ cells and get infections or cancers that rarely occur in healthy people. These can be deadly.

But having HIV doesn't mean you have AIDS. Even without treatment, it takes a long time for HIV to progress to AIDS—usually 10 to 12 years.

When HIV is diagnosed before it becomes AIDS, medicines can slow or stop the damage to the immune system. If AIDS does develop, medicines can often help the immune system return to a healthier state.

With treatment, many people with HIV are able to live long and active lives.

There are two types of HIV:

- HIV-1, which causes almost all the cases of AIDS worldwide

What causes HIV?

HIV infection is caused by the human immunodeficiency virus. You can get HIV from contact with infected blood, semen, or vaginal fluids.

- Most people get the virus by having unprotected sex with someone who has HIV.
- Another common way of getting it is by sharing drug needles with someone who is infected with HIV.
- The virus can also be passed from a mother to her baby during pregnancy, birth, or breastfeeding.

HIV doesn't survive well outside the body. So it can't be spread by casual contact like kissing or sharing drinking glasses with an infected person.

What are the symptoms?

HIV may not cause symptoms early on. People who do have symptoms may mistake them for the flu or mono. Common early symptoms include:

- Fever.
- Sore throat.
- Headache.
- Muscle aches and joint pain.

- Swollen glands (swollen lymph nodes).
- Skin rash.

Symptoms may appear from a few days to several weeks after a person is first infected. The early symptoms usually go away within 2 to 3 weeks.

After the early symptoms go away, an infected person may not have symptoms again for many years. After a certain point, symptoms reappear and then remain. These symptoms usually include:

- Swollen lymph nodes.
- Extreme tiredness.
- Weight loss.
- Fever.
- Night sweats.

How is HIV diagnosed?

A doctor may suspect HIV if symptoms last and no other cause can be found.

If you have been exposed to HIV, your immune system will make antibodies to try to destroy the virus. Doctors use tests to find these HIV antibodies or antigens in urine, saliva, or blood.

If a test on urine or saliva shows that you are infected with HIV, you will probably have a blood test to confirm the results.

Most doctors use a blood test to diagnose HIV infection. If the test is positive (meaning that HIV antibodies or antigens are found), a test to detect HIV DNA or RNA will be done to be sure.

HIV antibodies or antigens usually show up in the blood within 3 months. If you think you have been exposed to HIV but you test negative for it:

- Get tested again. A repeat test can be done after a few weeks to be sure you are not infected.
- Meanwhile, take steps to prevent the spread of the virus, in case you do have it.

You can get HIV testing in most doctors' offices, public health units, hospitals, and HIV care clinics.

How is it treated?

The standard treatment for HIV is a combination of medicines called antiretroviral therapy, or ART. Antiretroviral medicines slow the rate at which the virus multiplies.

Taking these medicines can reduce the amount of virus in your body and help you stay healthy.

To monitor the HIV infection and its effect on your immune system, a doctor will regularly do two tests:

- **Viral load,** which shows the amount of virus in your blood
- **CD4+ cell count,** which shows how well your immune system is working

After you start treatment, it's important to take your medicines exactly as directed by your doctor. When treatment doesn't work, it is often because HIV has become resistant to the medicine. This can happen if you don't take your medicines correctly.

How can you prevent HIV?

HIV is often spread by people who don't know they have it. So it's always important to protect yourself and others by taking these steps:

- **Practice safer sex.** Use a condom every time you have sex (including oral sex) until you are sure that you and your partner aren't infected with HIV or other sexually transmitted infection (STI).
- **Don't have more than one sex partner** at a time. The safest sex is with one partner who has sex only with you.
- **Talk to your partner** before you have sex the first time. Find out if he or she is at risk for HIV. Get tested together. Use condoms in the meantime.
- **Don't drink a lot of alcohol or use illegal drugs before sex.** You might let down your guard and not practice safer sex.
- **Don't share personal items**, such as toothbrushes or razors.
- **Never share needles or syringes** with anyone.

If you are at high risk for getting infected with HIV, you can take antiretroviral medicine to help protect yourself from HIV infection. Experts may recommend this for:

- People whose sexual practices put them at high risk for HIV infection, such as men who have sex with men and people who have many sex partners.
- People who inject illegal drugs, especially if they share needles.
- Adults who have a sex partner with HIV.

To keep your risk low, you still need to practice safer sex even while you are taking the medicine.

Where can I find more information?

If you have questions, need to find a clinic near you, or want more information, call 211 anytime, day or night, to talk to someone who can provide you with additional information.